

<b>Case Number:</b>	CM13-0069266		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/18/2006
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45 year-old female with a date of injury of 8/18/06. The mechanism of injury was a fall. The patient has history of low back pain since her injury and had pain with flexion and extension. The patient's diagnosis is a sprain of the lumbosacral spine. The patient had been taking the requested medication for greater than six months. The request was made for a refill of the Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**120 NORCO 5/325MG WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The California MTUS guidelines indicate that opioids may be certified with review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the

patient's decreased pain, increased level of function, or improved quality of life. The patient has been taking the above medication for greater than six months and the medical documentation fails to provide the supportive information for the request. Therefore the request for Norco is non-certified.