

<b>Case Number:</b>	CM13-0019057		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/30/2001
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in the state of California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 30, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; sleep aid; multilevel radiofrequency ablation procedures; MRI imaging of September 27, 2011, notable for multilevel degenerative changes of uncertain clinical significance; and the apparent imposition of permanent work restrictions through an agreed medical evaluation. It does not appear that the applicant has returned to work with permanent restrictions in place. In a utilization review report of August 2, 2013, the claims administrator certified a request for radiofrequency ablation procedures, Relafen, Prilosec, and for Ambien, and non-certified a request for Norco. The applicant later appealed, on August 29, 2013. A note dated March 1, 2013 is notable for comments that the applicant reports aching low back pain; 7/10 pain with associated difficulty in performance of activities of daily living; including running and walking. The applicant is on Flexeril, Vicodin, Protonix, Relafen, and Zaleplon. A later note of August 29, 2013 is again notable for comments that the applicant is having difficulties with activities of daily living. On this instance, the patient states that significant pain relief and improvement in terms of basic activities of daily living such as dressing, undressing, sleep, washing, walking, and drying have been effected through ongoing opioid usage. Permanent work restrictions and medications are again renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325 mg, quantity 240:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduction in pain effected through ongoing opioid usage. In this case, the employee meets two of the three criteria above, namely, the employee reports reduction in pain scores and improved performance of non-work activities of daily living such as walking, standing, light housework, sleeping, etc., effected through ongoing opioid usage. The request for 1 prescription of Norco 10/325 mg, quantity 240 is medically necessary and appropriate.