

<b>Case Number:</b>	CM13-0068014		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/27/2007
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Occupational Medicine, and is licensed to practice in 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 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 applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; sleep aids; opioid agents; and the apparent imposition of permanent work restrictions. In a utilization review report of December 11, 2013, the claims administrator partially certified a request for Norco, apparently for weaning purposes. Ambien was denied outright, while a urine drug screen was approved. The applicant's attorney subsequently appealed. In a December 16, 2013, progress note, the attending provider goes onto the appeal the denial of the medications. The claimant is described as using Norco four times daily and Ambien nightly. The applicant has previously used Restoril, Klonopin, and Prozac. The applicant's past medical history is notable for thrombocytopenia, depression, anxiety, and hypertension. The applicant is status post right shoulder surgery with subsequent revision. The applicant is obese, standing 5 feet 11 inches tall and weighing 240 pounds. The applicant is a former smoker. The applicant is single and currently unemployed. The applicant is on [REDACTED]). Diminished 4+/5 upper extremity strength is noted. It is stated that Norco is allowing the applicant to maintain activities of daily living such as self-care and dressing himself. Norco is refilled. It reportedly results in 50% pain improvement. Ambien is also refilled. The applicant's permanent work restrictions are renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG, #120 WITH TWO REFILLS:** Upheld

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

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

**Decision rationale:** As noted on page 80 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, the applicant has failed to return to work. In addition to receiving moneys through the Workers' Compensation system, he has also filed for and received [REDACTED]. While the applicant reports reduction in pain scores, his improvement in terms of performance of activities of daily living appears to be negligible. It is stated that the applicant is able to dress himself and perform other activities of self-care. This appears to be of marginal benefit and is outweighed by the applicant's failure to return to work. Accordingly, the request for Norco 10/325 #120 with two refills is not certified, on independent medical review.