

<b>Case Number:</b>	CM14-0100329		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of August 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated May 28, 2014, the claims administrator retrospectively denied a request for Norco reportedly dispensed on March 11, 2014. The applicant's attorney subsequently appealed. In an April 11, 2013, progress note, the applicant reported chronic neck pain, low back pain, and mid back pain with severely limited range of motion and spasm appreciated. Cervical facet blocks and medication refills were endorsed. The applicant was described as already permanent and stationary. The applicant did not appear to be working with permanent limitations in place. Butrans patches were endorsed. The attending provider suggested that previously used oral medications were not tolerated. On June 30, 2013, the applicant was given prescriptions for MS Contin and Butrans patches. Despite the fact that the applicant was reportedly not tolerating oral medications, the attending provider went onto refill oral MS Contin. Severe neck, mid back, and low back pain was again reported. On December 4, 2013, Butrans patches were again renewed. The applicant was asked to discontinue acupuncture. A Toradol injection was given owing to a reported flare in pain. On March 11, 2014, the applicant was apparently given Norco owing to heightened complaints of neck, low back, and mid back pain. The applicant's pain complaints had reportedly worsened. The applicant was also receiving Cymbalta through her personal physician. Permanent work restrictions were renewed. Acupuncture was discontinued. Facet blocks were sought. On an earlier note of January 15, 2014, it was stated that the applicant was using a combination of fentanyl and Norco as of that point in time. Severe 8/10 pain was also reported on that date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco dispensed 3/11/14 QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81. Decision based on Non-MTUS Citation Opioids for Chronic Pain

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

**Decision rationale:** The request in question did, in fact, represent a renewal request. As noted on page 80 of the 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 achieved as a result of the same. In this case, however, the applicant was (and is) off work. The applicant's pain complaints were consistently described as heightened, in the 8/10 or greater range, despite ongoing usage of Norco. The attending provider stated that the applicant's ability to perform activities of daily living was curtailed, despite ongoing opioid therapy. All of the above, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.