

<b>Case Number:</b>	CM14-0010914		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/09/1999
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 pain syndrome, hypogonadism, hypertension, angina, and obstructive sleep apnea reportedly associated with an industrial injury of September 9, 1999. Thus far, the applicant has been treated with analgesic medications, attorney representation, opioid therapy, unspecified amounts of physical therapy, psychotherapy, aquatic therapy and psychotropic medications. In Utilization Review Report dated January 13, 2014, the claims administrator partially certified a request for Norco, reportedly for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated December 31, 2013, one of the applicant's treating providers posited that the applicant should be deemed totally temporarily disabled up through the present time owing to a combination of medical and mental health issues. On January 6, 2013, the applicant received prescription for Lunesta, Xanax, Provigil, Soma, and Norco on a handwritten prescription form without much in the way of narrative commentary. In December 2013, the applicant presented with chronic, unremitting low back pain. It was stated that the applicant was off of work, on total temporary disability, despite using three to four Norco a day and two to three Soma daily. The applicant was given an 11% whole person impairment rating insofar as the lumbar spine is concerned. Permanent work restrictions were endorsed. It was stated that the applicant's pain was impacting his ability to perform grooming, lifting, walking, sitting, standing, sleeping, and traveling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG 3-4 TIMES A DAY #105 TIMES 2:** Upheld

**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:** As noted on page 80 in 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, these criteria have not been met. The applicant is off of work. The applicant has been off of work for the duration of the claim, it appears. The attending provider has not outlined any concrete improvements in pain and/or function achieved as a result of ongoing opioid usage. Rather, the submitted documentation suggest that the applicant is having difficulty performing even basic activities of daily living, such as traveling, driving, sitting, standing, grooming, etc. All the above, taken together, do not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.