

<b>Case Number:</b>	CM14-0153347		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/16/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 low back and ankle pain reportedly associated with an industrial injury of August 16, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier ankle surgery; and opioid therapy. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for hydrocodone, citing a negative urine drug screen as evidence that the applicant was diverting the medications at issue. The applicant's attorney subsequently appealed. In an August 11, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg, reportedly "horrible" and "severely sharp." The applicant was having difficulty performing activities of daily living, including standing and walking, it was noted. The applicant was having difficulty performing heavy lifting and was having difficulty sleeping at night. The applicant stated that her social life was affected by pain. The applicant was not working it was noted, with a rather proscriptive permanent 5-pound lifting limitation in place. The applicant was using Norco, it was acknowledged. The applicant was asked to consider epidural steroid injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, #60:** Upheld

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

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

**Decision rationale:** 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 is off of work. A rather proscriptive 5-pound lifting limitation remains in place. The applicant continues to report complaints of severe pain, despite ongoing usage of Norco. The applicant was having difficulty performing activities of daily living as basic as standing and walking, despite ongoing usage of the same. Continuing Norco, on balance, does not appear to be indicated. Therefore, the request is not medically necessary.