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| <b>Case Number:</b>   | CM14-0160927 |                              |            |
| <b>Date Assigned:</b> | 10/06/2014   | <b>Date of Injury:</b>       | 04/12/2012 |
| <b>Decision Date:</b> | 11/17/2014   | <b>UR Denial Date:</b>       | 09/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2014 |

### 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 low back pain reportedly associated with industrial injury of April 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated September 5, 2014, the claims administrator failed to approve a request for Norco. The applicant's attorney subsequently appealed. In a progress note dated August 27, 2014, the applicant reported persistent complaints of low back pain. The applicant was feeling much better some six months removed from the fusion procedure. The applicant's medications included Flexeril, Prilosec, Lunesta, Norco, and Naprosyn. The applicant was placed off of work, on total temporary disability, despite reportedly feeling well. Additional physical therapy was sought. Prescriptions for Norco and Lunesta were endorsed via a handwritten prescription of August 27, 2014. On June 25, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral legs. The applicant's medications included Naprosyn, Zanaflex, Neurontin, Prilosec, Norco, and tramadol. It was stated that the applicant was walking twice a day for a mile. The applicant was asked to pursue physical therapy. In an earlier note dated April 23, 2014, the attending provider noted that the applicant was having difficulty walking despite, ongoing medication consumption.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tablets:** 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 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, on total temporary disability, despite ongoing usage of Norco. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.