

<b>Case Number:</b>	CM14-0023067		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	03/21/2007
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 an industrial injury of March 21, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; anxiolytic medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 5, 2014, the claims administrator denied a request for Norco, approved a request for Senna, approved a request for Lopid, approved a request for Lopressor, conditionally denied a request for Midrin, denied a request for Atarax, approved a follow-up visit, approved a preoperative consultation, and approved a request for Prilosec. The applicant's attorney subsequently appealed. In a progress note dated July 17, 2013, the applicant was described as reporting a variety of complaints, including neck pain, upper back pain, low back pain, shoulder pain, and sexual dysfunction. The applicant was given a prescription for Norco at that point in time. Atarax was apparently prescribed to potentiate the effects of Norco. Senna, Prilosec, Viagra, Lopid, and Lopressor were also endorsed. The applicant was placed off of work, on total temporary disability. On January 31, 2014, the applicant reported persistent 9/10 pain with associated leg weakness. The applicant was using hydrocodone and using a cane to move about. The applicant was asked to obtain x-rays and an EEG. The applicant's work status was not furnished on this visit. However, in an applicant questionnaire of January 30, 2014, the applicant himself acknowledged that he was very limited in terms of performance of self-care and social functioning as he was not working. The applicant states that he was not performing any household chores.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. The applicant's pain levels appear heightened as opposed to reduced, despite ongoing usage of Norco. There is no evidence of any improvements in function achieved or sustained through ongoing Norco usage. The applicant is unable to perform even basic household chores. Therefore, the request for Norco is not medically necessary.

**ATARAX 25MG #120 WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), Atarax Medication Guide.

**Decision rationale:** Atarax, per the Physicians' Desk Reference (PDR), is an anxiolytic medication. In this case, the attending provider has stated that he intends to employ Atarax for the purposes of potentiating the effects of opioids. However, this is not an FDA approved indication for usage of Atarax. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to furnish a compelling rationale and/or evidence for usage of medications for non-FDA level purposes. In this case, however, no such rationale was provided. Therefore, the request is not medically necessary.