

<b>Case Number:</b>	CM14-0030945		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/08/2002
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 August 8, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; multiple lumbar spine surgeries; epidural steroid injection therapy; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated March 7, 2014, the claims administrator denied a request for Norco. The claims administrator's rationale was seemingly truncated as a result of photocopying and faxing. The applicant's attorney subsequently appealed. In a May 23, 2014 progress note, the applicant reported 5/10 pain with medications and 7-8/10 pain without medications. The applicant was reportedly walking and doing household chores, it was stated in one section of the report, while other section of the report stated that the applicant was having difficulty getting out of bed in the mornings and remained very stiff. The applicant was also experiencing constipation with opioids, it was stated. The applicant was on Norco, Senna, and Imitrex. The applicant was given prescriptions for Norco and Imitrex. The applicant was given work restrictions; however, it was not clearly stated whether the applicant was, in fact, working or not. When compared against an earlier note of April 26, 2014, it appeared that the attending provider sought authorization for eight additional sessions of physical therapy. The applicant was described as having pain and stiffness about the low back. The applicant reported 6/10 pain with medications and 8/10 pain without medications, it was stated. The applicant was also given Tizanidine on that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for Use.

**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 does not appear to be working with rather proscriptive limitations in place. The applicant's reduction in pain levels from 7/10 to 5/10 with medications appears to be negligible and is offset by the applicant's continued reports of stiffness and difficulty performing even basic activities of daily living such as walking and by the applicant's seeming failure to return to work. Therefore, the request is not medically necessary.