

<b>Case Number:</b>	CM14-0040327		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/28/2005
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 low back pain reportedly associated with an industrial injury of April 28, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; earlier shoulder surgery; electrodiagnostic testing, reportedly notable for right L5-S1 radiculopathy; and epidural steroid injection therapy. In a Utilization Review Report dated January 20, 2014, the claims administrator partially certified request for Norco for weaning purposes on the grounds that the applicant was not deriving appropriate benefit from the same. The applicant's attorney subsequently appealed. A June 10, 2014 progress note is notable for comments that the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. It was stated that the applicant is using Norco, Zanaflex, Neurontin, Relafen, Ambien, and Prilosec. Multiple medications were refilled. The applicant reported 6-7/10 low back pain. While the attending provider stated that the applicant was at low risk to misuse the opioid in question, there was no mention or discussion of medication efficacy. The applicant's work status was not provided. On March 18, 2014, the applicant again presented with persistent complaints of low back pain. Norco, Zanaflex, Neurontin, Relafen, and Prilosec were sought. Urine drug testing was sought. The applicant's work status was not provided. Again, there is no discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #240:** 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 , When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the 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. The applicant's work status has not been discussed by the attending provider on any progress note provided. It does not appear that the applicant has returned to work while there have been no discussions of reductions in pain or improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.