

<b>Case Number:</b>	CM14-0059134		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 neck and low back pain reportedly associated with an industrial injury of September 26, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; unspecified amounts of physical therapy over the life of the claim; and earlier lumbar fusion surgery at L4-L5. In a utilization review report dated April 4, 2014, the claims administrator partially certified Norco, reportedly for weaning purposes. The applicant's attorney subsequently appealed. On October 14, 2013, the applicant underwent an epidural steroid injection. In a progress note dated December 4, 2013, the applicant reported persistent complaints of 5/10 low back pain radiating to the bilateral lower extremities and 8/10 neck pain. The applicant is using Naprosyn, Norco, Protonix, butalbital, and Prilosec, it was acknowledged. Cervical MRI imaging was endorsed on the grounds that earlier cervical MRI imaging was of poor quality. The applicant's work status was not furnished. In a February 28, 2014 progress note, the applicant was given prescriptions for Norco, oxycodone, Fioricet, and Protonix. The applicant's work status, once again, was not stated. The applicant continued to report moderate-to-severe low back pain radiating to the bilateral lower extremities. The applicant was having weakness and difficult with activities of daily living including those as basic as ambulating, it was stated. 7 to 9/10 pain was reported. The applicant continued to smoke.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids, Ongoing Management topic.2. MTUS , OPIOIDS Page(s): 78, 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 have returned to work. The attending provider has not clearly reported the applicant's work status on several recent progress notes, referenced above. The applicant's pain complaints are heightened in 7 to 9/10 range, despite ongoing Norco usage. The applicant is having difficulty performing activities of daily living as basic as ambulating. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that the lowest possible dose of opioids be prescribed to improve pain and function. In this case, no clear rationale for provision of two separate short acting opioids, Norco and oxycodone, was proffered by the attending provider. Therefore, the request is not medically necessary.