

<b>Case Number:</b>	CM14-0061198		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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, has a subspecialty in Preventive 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, bilateral wrist, and bilateral lower extremity pain reportedly associated with an industrial injury of May 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; attorney representation; right and left carpal tunnel release surgeries in July 2013 and January 2014; apparent open reduction and internal fixation of a femoral fracture; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 3, 2014, the claims administrator failed to approve a request for Norco. Overall rationale for the denial was sparse and was seemingly based, in large part, on a reportedly unfavorable earlier Utilization Review decision. The claims administrator did not seemingly incorporate MTUS or non-MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. On April 16, 2014, the applicant presented with bilateral hand pain, numbness, tingling, and paresthesias with bilateral knee and ankle pain. The applicant apparently had pending decisions on gym membership and housekeeping. The attending provider posited that ongoing usage of Duragesic and Norco was beneficial in terms of helping the applicant perform light household chores. The applicant's work status was not clearly stated. It did not appear that the applicant was working. The attending provider did incidentally note that it appeared that the applicant developed rash owing to Duragesic application. The applicant was asked to cease the same. The attending provider did not, furthermore, quantify reductions in pain achieved as a result of ongoing Norco usage. On March 11, 2014, the applicant was given prescriptions for various psychotropic medications, including Klonopin, Abilify, and Viibryd. In an earlier note of October 29, 2013, the applicant was placed off of work, on total temporary disability. The applicant was using Norco, Duragesic, and Voltaren gel as of that point in time, it was stated. In an earlier note dated March 18, 2014, the attending provider sought authorization

for a gym membership for the applicant. The applicant still had significant complaints of pain, 7/10 with meds and 9/10 pain without meds. The attending provider stated that the only benefit of the medications was that the applicant was able to walk to some limited amount.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines; Chronic Pain, Norco.

**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. The attending provider did not quantify any reductions in pain scores on an office visit of April 16, 2014, referenced above. Other progress notes, referenced above, suggested only marginal diminution in pain levels from 9/10 to 7/10 with ongoing Norco usage. While the attending provider has suggested that the applicant's ability to perform some activities of daily living, such as household chores, have been ameliorated with medication usage, this appears to be outweighed by the applicant's failure to return to any form of work and continued complaints of severe pain, despite ongoing usage of Norco. Therefore, the request is not medically necessary and appropriate.