

<b>Case Number:</b>	CM14-0124084		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 19, 2009. In a Utilization Review report dated July 23, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced a July 12, 2014 RFA form and associated July 15, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a November 26, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. Vicodin, Prilosec, Neurontin, and Motrin were endorsed while the applicant was kept off of work, on total temporary disability. Laboratory testing to include a CBC and CMP were endorsed. On November 12, 2014, the attending provider stated that the applicant was self-procuring Norco on the grounds that his claims administrator had not paid for the same. The 7.5/10 pain complaints were noted with radiation of pain about all lower extremities. Issues with mood disturbance were reported. The applicant was using a cane to move about. The applicant was asked to titrate gabapentin upward. On October 30, 2014, the applicant received unspecified refills of Prilosec and Norco. No discussion of medication efficacy transpired. The applicant reported 7/10 pain. The applicant was kept off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management page(s): 80.

**Decision rationale:** According to 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. Here, however, the applicant was off of work, on total temporary disability, despite ongoing Norco usage. The applicant continued pain complaints in the 7-7.5/10 range, despite ongoing use of Norco. The applicant continued to report difficulty ambulating and was apparently using a cane to move about. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.