

<b>Case Number:</b>	CM14-0187669		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	01/11/2014
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 low back and hip pain reportedly associated with an industrial injury of January 11, 2014. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve a request for Norco. The claims administrator seemingly based its decision, in a large part, on non-MTUS ODG guidelines. The claims administrator's rationale comprised almost entirely of various guidelines, the text of which was not incorporated into the Independent Medical Review packet. The claims administrator also stated that its decisions were based, in part, on a progress note of October 21, 2014. In said progress note of October 21, 2014, the applicant apparently presented with primary complaints of low back and hip pain. The applicant was described as slightly improved. The attending provider sought authorization for a spine surgery consultation to evaluate a Tarlov cyst. Norflex, Norco, and a capsaicin-containing cream were endorsed while the applicant was kept off of work, on total temporary disability. It was not readily evident whether these requests were first-time requests or renewal requests. In an earlier note dated June 16, 2014, the applicant reported persistent complaints of low back and hip pain. The applicant was reportedly unimproved and was apparently having difficulty standing, walking, and balancing herself. Medrox and Norflex were endorsed while the applicant was kept off of work, on total temporary disability. On September 16, 2014, the applicant again reported ongoing complaints of low back, hip and right leg pain with derivative complaints of gastrointestinal disturbance. Twelve sessions of physical therapy and electrodiagnostic testing were sought. Medrox, Norflex, and Norco were also prescribed while 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:

**Hydrocodone 5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Integrated Treatment/Disability Duration Guidelines

**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. Here, however, the applicant is off of work, on total temporary disability. The applicant is having difficulty performing activities of daily living as basic as standing, walking, and balancing, despite ongoing usage of Norco. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.