

<b>Case Number:</b>	CM14-0188505		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	12/09/1999
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/29/2014
<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 chronic low back pain reportedly associated with an industrial injury of December 9, 1999. In a Utilization Review Report dated October 29, 2014, the claims administrator approved a request for naproxen, partially approved request for Norco, and approved a request for Ultram. The claims administrator stated that Norco was being partially approved on the grounds that there was no substantive evidence of improvement with the same. The claims administrator stated that its decision was based, in large part, on a progress note dated September 10, 2014. On November 10, 2014, the applicant reported ongoing complaints of low back pain radiating into left leg, 8/10. The applicant was incongruously referred to as "he" in some sections of the note and as "Ms.," in other sections of the note. The applicant was not working, it was acknowledged. The applicant had undergone earlier laminectomy-discectomy surgery, it was noted. Repeat lumbar MRI imaging with Gadolinium contrast was sought. No medications were prescribed. There was no explicit discussion of medication selection or medication efficacy on this date. On October 8, 2014, the applicant reported persistent complaints of low back pain radiating into left leg. The applicant stated that she was having difficulty sleeping, standing, and walking. The applicant stated that she had to go to the emergency department recently owing to an acute exacerbation of pain. The applicant then stated, somewhat incongruously, that all of her medications, naproxen, Prilosec, tramadol, and Norco were all helpful. The applicant was given a Toradol injection. A seven-day Solu-Medrol Dosepak was endorsed, along with permanent work restrictions. On September 10, 2014, it was again acknowledged that the applicant was not working. The applicant presented to obtain refills of tramadol, Norco, Prilosec, and naproxen, all of which she stated were helpful. The applicant did report persistent complaints of low back pain radiating into the left leg. While the

attending provider stated that her medications were helpful, the attending provider did not expound or elaborate on the extent of that improvement. The applicant was not working with permanent limitations in place, it was acknowledged.

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

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

**Norco 10/325 MG #90:** Upheld

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

**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. Permanent work restrictions remain in place, unchanged, from visit to visit. While the attending provider stated that the medications in question are helpful, the attending provider has failed to elaborate or expound upon any material improvements in function achieved as a result of ongoing Norco usage. The attending provider's commentary to the fact that the applicant's medications are helping are belied by the applicant's recent trip to the emergency department reporting a severe flare in pain and the applicant's reported difficulty performing activities of daily living as basic as walking. All of the foregoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.