

<b>Case Number:</b>	CM14-0191438		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	01/30/2000
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 and knee pain reportedly associated with an industrial injury of January 30, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and earlier total knee replacement surgery. In a Utilization Review Report dated October 16, 2014, the claims administrator failed to approve a request for Norco. No guidelines were cited in the report rationale, although the claims administrator stated that its decision was based on a progress note of October 3, 2014, and the MTUS Chronic Pain Medical Treatment Guidelines, although the MTUS Chronic Pain Medical Treatment Guidelines were not, in fact, incorporated into the report rationale. The claims administrator stated that other non-opioid agents could potentially be effective here and suggested that the applicant employ the same. The applicant's attorney subsequently appealed. In an April 14, 2014 progress note, the applicant reported ongoing complaints of low back, knee, neck, and shoulder pain, 7/10. The applicant stated that OxyContin had provided any pain relief. The applicant stated that Norco at a rate of two tablets daily was generating appropriate relief. The applicant was using Ativan for anxiolytic effect and was using Neurontin as an adjuvant medication. Norco, Prilosec, Zofran, Neurontin, Ativan, and Procardia were renewed. Lumbar facet injections were sought. The applicant's work status was not outlined. Trigger point injections were performed in the clinic. The attending provider stated that the applicant had cut down from six tablets of Norco daily and two tablets of Norco daily. The attending provider stated the applicant had been deemed "100% permanently totally disabled" by medical-legal evaluator and that the applicant was therefore receiving workers' compensation indemnity benefits commensurate with the same. The attending provider stated the medications were helpful but did not discuss any corresponding improvements in function. In a May 16, 2014

progress note, the applicant reported ongoing complaints of low back, neck, and knee pain with derivative complaints of psychological stress, headaches, anxiety, and depression. The applicant was placed off of work, on total temporary disability. Medication selection and medication efficacy were not discussed on this occasion. On May 14, 2014, Norco and Prilosec were dispensed for ongoing complaints of low back pain. The attending provider posited that the applicant would have difficulty to have a normal life without her trigger point injections and/or facet injections. The attending provider again stated that the applicant was getting some benefit from Norco and Neurontin, but did not quantify the same. The applicant exhibited an antalgic gait. On June 4, 2014, the applicant was again placed off of work, on total temporary disability through August 30, 2014, by her primary treating provider.

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

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

#### **1 Prescription for Norco 10/325mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. The applicant has been deemed "100% permanently totally disabled" by an Agreed Medical Evaluator, and has been deemed "temporarily totally disabled" by her primary treating provider. While the applicant's pain management physician has stated that Norco has been effective in attenuating the applicant's pain complaints, the applicant's primary treating provider has, however, failed to quantify the degree of pain relief and/more importantly has failed to outline any material improvements in function achieved as a result of ongoing medication consumption. Several progress notes written by the attending provider to the effect that the applicant is finding it difficult to have a normal life owing to ongoing pain issues, calls into question the presence of any substantive improvement or substantive gains achieved as a result of ongoing Norco usage and, coupled with the applicant remaining off of work, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.