

<b>Case Number:</b>	CM14-0212433		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	09/09/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of September 9, 2012. In a Utilization Review Report dated December 1, 2014, the claims administrator denied a request for Norco while apparently approving a request for gabapentin (Neurontin). A November 7, 2014 RFA form was referenced. In a December 2, 2014 progress note, the applicant reported multifocal complaints of low back and knee pain reportedly associated with cumulative trauma at work. Work restrictions were endorsed.

Viscosupplementation injection therapy was sought. There was no discussion of medication selection or medication efficacy on this date. The applicant's medication list was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**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, the applicant's work status was not clearly outlined on a December 2, 2014 progress note, referenced above. Said December 2, 2014 progress note did not contain any discussion of medication selection or medication efficacy. The information on file, thus, did not set forth a compelling case for continuation of Norco, although it is acknowledged that the November 7, 2014 progress note and associated RFA form on which the article in question was sought was not incorporated into the Independent Medical Review packet. Therefore, the request was not medically necessary.