MAXIMUS Federal Services

| Case Number: | CM15-0104173 | | |
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| Date Assigned: | 06/05/2015 | Date of Injury: | 06/30/1986 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

## 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 58-year-old who has filed a claim for chronic low back, hip, and pelvic pain reportedly associated with an industrial injury of June 31, 1986. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve two separate requests for Norco. The claims administrator referenced a May 11, 2015 RFA form and associated progress note of May 5, 2015 in its determination. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant reported ongoing complaints of low back, hip pain, and pelvic pain with radiation of pain to lower extremities. The applicant stated that his medications were improving with standing and walking tolerance. This was not elaborated upon. The applicant had chronic lumbar radicular pain. The applicant was using morphine, Norco, low back pain, Relafen, and tizanidine, it was reported, several of which were continued and/or renewed. The applicant was asked to follow up with his urologist. The applicant was not working with a rather proscriptive 10- to 15-pound lifting limitation in place, the treating provider acknowledged. On April 10, 2015, the applicant reported ongoing complaints of low back pain averaging 7/10 overall, ranging from 10/10 without medications and 5/10 with medications. The applicant was on MS Contin and Norco, it was reported. The applicant received multiple epidural steroid injections, it was reported. The applicant had MS Contin, Norco, Lyrica, Relafen, and tizanidine, it was further noted. The applicant was asked to continue current medications. The applicant was not working. The attending provider noted that the applicant's request for repeat epidural steroid injection was pending.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240, do not dispense until 6/5/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** 1. No, the prospective request for Norco-do not dispense until June 5, 2015, is not medically necessary, medically appropriate, or indicated here. 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 because of the same. Here, however, the applicant was not working; it was reported on multiple progress notes, referenced above, including on April 7, 2015. While the applicant reported that his pain scores were reduced from 10/10 without medications to 5/10 with medications on April 7, 2015, these reports were, however, outweighed by the applicant's failure to return to work, and attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The applicant's commentary to the effect that his standing and/or walking tolerance had been improved as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.*****QUESTION 2 ADDED AFTER READING UR APPLICATION AND IMR REPORT. PLEASE VERIFY WITH AN ADJUDICATOR*****2. Similarly, the retrospective request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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 because of the same. Here, however, the applicant had failed to return to work, it was reported on multiple office visits, referenced above, including on April 7, 2015. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 5/10 with medications on April 7, 2015, these reports were, however, outweighed by the applicant's failure to return to the work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider commentary via an earlier progress note to the effect that the applicant's standing and/or walking tolerance has been improved as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary. DETERMINATION: Not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 80, When to Continue Opioids topic.