

<b>Case Number:</b>	CM15-0131503		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 62-year-old who has filed a claim for chronic low back, neck, elbow, and shoulder pain reportedly associated with an industrial injury of September 4, 2004. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a June 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On December 9, 2014, the applicant reported ongoing complaints of back, shoulder, elbow, neck, and jaw pain. The applicant was described as a former smoker. The applicant was obese, with a BMI of 36. Weight loss was recommended. The applicant was to try to cease smoking. TENS unit and over the counter Salonpas patches were suggested. The applicant's medication list included Norco, Cymbalta, and Robaxin, it was reported on this date. The applicant's work status was not explicitly stated. On May 8, 2015, the applicant reported ongoing complaints of upper extremity pain, sharp, stabbing, burning, and tingling. The applicant also reported complaints of low back pain radiating to the legs. The applicant was severely obese, with BMI of 40, it was reported. Electrodiagnostic testing of bilateral lower extremities was sought. The applicant was given prescriptions for several topical compounded agents. The applicant's complete medication list was not attached. Once again, the applicant's work status was not reported. On June 19, 2015, the applicant reported multifocal complaints of neck, shoulder, jaw, upper back, hand, and wrist pain. The attending provider stated the applicant's pain complaints were chronic, constant, and reduced the applicant's ability to perform day-to-day activities of daily living, it was reported. The applicant was described as having ancillary issues with hearing loss. The applicant had

undergone an earlier failed cervical spine surgery, it was reported. Trigger point injection therapy was performed in the clinic. Norco was renewed. The applicant was described as having severe issues with muscle spasm. 7/10 pain complaints were reported. No seeming discussion of medication efficacy transpired at this point. The applicant's work status, once again, was not stated.

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

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

**Hydrocodone 7.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91, 124.

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

**Decision rationale:** No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was 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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on multiple office visits, referenced above, including on June 19, 2015, suggesting that the applicant was not, in fact, working. The treating provider reported that the applicant's pain complaints were chronic, constant, and reduced the applicant's ability to perform activities of daily living. 7/10 pain complaints were reported on this date. The applicant was described as overweight, with BMI ranging from 36 to 40, it was noted on multiple office visits, referenced above. All of the foregoing, taken together, argued against the applicant's having profited with ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.