

<b>Case Number:</b>	CM15-0132458		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	05/19/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 19, 2013. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for Norco. The June 10, 2015 progress note was seemingly referenced in the determination. The applicant's attorney subsequently appealed. On March 4, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant had undergone earlier lumbar laminectomy surgery on September 8, 2014, it was reported. The applicant was using Norco as of this point in time. Visible surgical scarring was evident. The applicant was given a rather proscriptive 10-pound lifting limitation. It was suggested that the applicant's employer was unable to accommodate the suggested limitations and that the applicant was not, as a result, working. The applicant was given a prescription for Norco. On June 10, 2015, the applicant reported ongoing complaints of low back pain. The applicant was not working, it was acknowledged, as his employer was unable to accommodate suggested limitations. The applicant was described as having minimal pain about the lumbar spine, it was reported in one section of the note. The applicant was asked to continue home exercises. Sixty tablets of Norco were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; 7) When to Continue Opioids Page(s): 91; 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. While page 71 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Norco or hydrocodone-acetaminophen is indicated in the treatment of moderate to moderately severe pain, here, however, the applicant was described as having minimal pain about the lumbar spine on the June 10, 2015 office visit at issue. It was not clearly stated, thus, why the applicant needed analgesia at the opioid level with Norco as the applicant's complaints were only minimal as of that point in time. The request in question, furthermore, was framed as a renewal or extension request for Norco. However, the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, it was acknowledged on June 10, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage on that date. Therefore, the request was not medically necessary.