

<b>Case Number:</b>	CM15-0137407		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	01/10/2005
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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 56-year-old who has filed a claim for chronic neck, hip, knee, and wrist pain reportedly associated with an industrial injury of January 10, 2005. In a Utilization Review report dated July 8, 2015, the claims administrator partially approved a request for Norco while failing to approve a second request for Norco outright. The claims administrator referenced a June 25, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 13, 2015, the applicant reported ongoing complaints of neck pain with ancillary complaints of migraine headaches through psychological stress. The applicant reported average pain score of 7/10, ranging from 4/10 to 10/10. The applicant had undergone bilateral total knee arthroplasties, it was reported. The applicant had also received cervical epidural steroid injection therapy, it was further noted. The applicant's medications included Norco, Cymbalta, Flexeril, Elavil, diclofenac, Imitrex, ropinirole, Levoxyl, estrogen, and verapamil, it was reported. The applicant had been deemed "disabled" it was acknowledged in the social history section of the note. The attending provider stated that the applicant was able to do household work. The applicant was using Norco at a rate of 4 times daily, it was reported. It was acknowledged that the applicant had been on Norco for the preceding 3 years. The applicant had undergone failed cervical spine surgery, it was reported. On June 24, 2015, the applicant again presented reporting ongoing complaints of neck pain. The applicant was in moderate discomfort. The applicant was described as obese with BMI 33. Norco, Cymbalta, diclofenac, Flexeril, Imitrex, and/or Elavil were renewed and/or continued. Additional acupuncture was sought. The applicant was again deemed "disabled," it was reported in the

social history section of the note. Little-to-no discussion of medication efficacy transpired, although the attending provider stated in the social history section of note that the applicant was able to do unspecified household activities.

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

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

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

**Decision rationale:** No, the request for 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 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 off of work and had deemed disabled; it was reported on June 24, 2015. The attending provider failed to outline meaningful, material, or substantive improvements in function (if any) suspected as a result of ongoing Norco usage, noting only that the applicant was able to maintain performance of unspecified household chores. The attending provider likewise failed to outline consistent decrements in pain (if any) suspected as a result of ongoing Norco usage. The applicant's pain complaints were described as heightened on June 24, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

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