

<b>Case Number:</b>	CM15-0137424		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	07/13/1999
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/06/2015
<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 55-year-old who has filed a claim for chronic knee, neck, and low back pain reportedly associated with an industrial injury of July 13, 1999. In a July 6, 2015 Utilization Review report, the claims administrator failed to approve requests for Norco and Dilaudid. The claims administrator referenced a June 26, 2015 RFA form and associated progress note of June 25, 2015 in its determination. The applicant's attorney subsequently appealed. On said RFA form of June 26, 2015, Dilaudid and Norco were endorsed. In an associated progress note of June 16, 2015, the applicant reported ongoing complaints of severe, chronic bilateral knee pain. The applicant was using Xanax, Soma, Ambien, and butalbital through her psychiatrist, it was reported. 10/10 pain without medications versus 2/10 with medications were reported. The applicant presented reporting 6/10 pain in the clinic setting. The attending provider stated that the applicant's medications were facilitating performance of activities of daily living including increased mobility, but did not elaborate further towards the top of the report. The applicant's medications included Soma, Norco, Dilaudid, Cymbalta, and Flonase, unspecified topical compound, Zantac, Xanax, and Prozac, it was stated in another section of the note. Multiple medications and the applicant's permanent work restrictions were renewed. It was not explicitly stated whether the applicant was or not working with said permanent limitations in place, although this did not appear to be the case. In an appeal letter dated May 28, 2015, the applicant's psychiatrist sought authorization for several benzodiazepines anxiolytics, including temazepam and alprazolam. The applicant's work status, once again, was not clearly detailed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Norco 10/325mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids, specific drug list, Hydrocodone/Acetaminophen.

**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's work status was not clearly outlined on a progress note of June 16, 2015, it was suggested that the applicant was not working. The applicant was working with permanent restrictions in place. While the attending provider did recount reduction in pain scores effected as a result of ongoing medications consumption, this report was, however, outweighed by the attending provider's failure to clearly outline the applicant's work status, the applicant's seemingly failure to return to work, and the attending provider's failure to outline meaningful, material and substantive improvements in function (if any) suspected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

### **1 prescription of Dilaudid 8mg #270: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid); Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

**Decision rationale:** Similarly, the request for Dilaudid, another short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. Here, the attending provider failed to outline a clear or compelling case for concurrent usage of two separate short-acting opioids, Norco and Dilaudid. Therefore, the request was not medically necessary.