

<b>Case Number:</b>	CM15-0137439		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/02/2015
<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 42-year-old who has filed a claim for chronic low back, foot, shoulder, and elbow pain reportedly associated with an industrial injury of April 20, 2012. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for Norco. An RFA form dated June 25, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar discectomy surgery. The applicant stated his low back pain was "worse with almost any activity." Physical therapy had not been particularly successful, it was reported. 10/10 pain without medications versus 7/10 pain with medications was noted. The attending provider stated that the applicant's walking tolerance was improved as a result of Norco consumption. The applicant was on Norco, Senna, and Cymbalta, it was reported. Permanent work restrictions were renewed. It was not stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. In a January 15, 2015 progress note, the applicant stated that he was having difficulty putting on his own shoes, as he was afraid to bend owing to ongoing complaints of low back pain. Permanent work restrictions were endorsed. The applicant was described as a "qualified injured worker," suggesting that the applicant was not, in fact, working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325mg No Quantity: Upheld**

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

**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 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 January 15, 2015. The applicant had been deemed a qualified injured worker, it was reported on that date. While the attending provider did recount some low-grade reduction in pain scores from 10/10 without medications to 7/10 with medications on February 12, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's reports that the applicant was having continued difficulty performing activities of daily living as basic as bending, standing, and walking, despite ongoing Norco usage. The attending provider did not, in short, outline meaningful, material, and/or significant improvements in function (if any) effected as a result of ongoing Norco usage, which, coupled with the applicant's failure to return to work, failed to make a compelling case for continuation of the same. Therefore, the request was not medically necessary.