

<b>Case Number:</b>	CM15-0138493		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/08/2004
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 8, 2004. In a utilization review report dated June 17, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on June 8, 2015 in its determination. The claims administrator did allude to the applicant's having undergone earlier lumbar spine surgery, it was incidentally noted. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant reported ongoing complaints of low back pain. The attending provider stated that the applicant's condition was presently stable but was fluctuating from time to time. The applicant's symptoms kept her up at night. The applicant was on Xanax owing to pain-induced insomnia, it was reported. The applicant stated that she is unable to exercise secondary to pain complaints. The applicant was on Neurontin, Duragesic, and Norco, it was reported. The applicant's pain complaints were, at times, as high as 9-10/10, it was stated in one section of the note. Walking remained difficult. The applicant stated that she had difficulty walking up to 10 minutes continuously. Burning lower extremity paresthesias were reported. The applicant's work status was not detailed, although it did not appear that the applicant was working. On June 8, 2015, the applicant reported worsening complaints of low back pain radiating into the bilateral lower extremities. Complaints of insomnia and difficulty walking were again reported. The applicant could walk no more than 10 minutes continuously, it was reported. Multiple medications, including Norco, Duragesic, Compazine, Lunesta, and Lidoderm patches were renewed and/or continued. The applicant was asked to go to the ER if her pain complaints worsened.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #20:** 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 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 outlined on office visits of June 8, 2015 or April 27, 2015, referenced above, suggesting that the applicant was not, in fact, working. The June 8, 2015 progress note suggested that the applicant's pain complaints were at times as high as 9-10/10, despite ongoing medication consumption. The applicant was still having difficulty performing activities of daily living as basic as sleeping and walking, it was reported owing to her ongoing pain complaints. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. It did not appear, in short, that the applicant was deriving substantial benefit from the same 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.