

<b>Case Number:</b>	CM15-0143771		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	03/26/2002
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 26, 2002. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a May 27, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On November 6, 2014, the applicant's pain management physician noted that the applicant had persistent complaints of low back pain which were interfering with activities of daily living. The applicant had undergone earlier failed lumbar spine surgery, it was reported. The applicant had also undergone hardware removal. The attending provider stated that the applicant was unable to get up off of his bed in the morning without help. An intrathecal pain pump was refilled, while Soma, Valium, Gralise, and Prilosec were renewed. The applicant's work status was not furnished, although it did not appear that the applicant was working following imposition of permanent work restrictions by an Agreed Medical Evaluator (AME). On June 15, 2015, the applicant reported ongoing complaints of low back pain, exacerbated by standing and walking. The attending provider acknowledged that the applicant's ability to perform activities of daily living was still constrained secondary to persistent low back pain complaints. The applicant stated that he was unable to get up off of bed in the morning without help. The attending provider then stated that the applicant's pain complaints were reduced as a result of medication consumption, including intrathecal morphine. Soma, Valium, Gralise, Prilosec, and Norco were seemingly renewed. The applicant's complete medication list was not detailed on April 27, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen 10/325mg #15:** 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. The request was framed as a renewal request on June 15, 2015, although it is incidentally noted that it is difficult to precisely ascertain as the prescribing provider did not clearly recount the applicant's complete medication list with each office visit. The applicant's complete medication list, for instance, was not furnished on a preceding office visit of May 27, 2015. Nevertheless, the attending provider did seemingly frame the June 15, 2015 request for Norco (Hydrocodone-acetaminophen) as a renewal request. 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 stated that his pain complaints interfere with all activities of daily living as of the June 15, 2015 progress note. The attending provider stated that the applicant was unable to get up out of his bed in the morning without help owing to persistent pain complaints. It did not appear that the applicant was working with permanent limitations imposed by an Agreed Medical Evaluator, although it is acknowledged that the attending provider did not explicitly acknowledge this in his June 15, 2015 progress note. The attending provider nevertheless failed to outline meaningful, material, and substantiate improvements in function or quantifiable decrements in pain affected as a result of ongoing Norco usage on June 15, 2015. Therefore, the request was not medically necessary.