

<b>Case Number:</b>	CM15-0145583		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 66-year-old who has filed a claim for chronic low back, rib, shoulder, and elbow pain reportedly associated with an industrial injury of March 10, 2011. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on July 6, 2015 in its determination. On June 25, 2015, the applicant reported 4/10 pain complaints with medications versus 10/10 without medications. The applicant reported an 8/10 pain score on this date. The applicant was receiving a Social Security Disability Insurance (SSDI) benefits at this point, it was reported. The applicant had undergone multiple retinal detachment procedures, it was incidentally noted, and had a variety of presenting complaints, including trigger fingers, low back pain, neck pain, headaches, hypertension, and etc. Multiple medications including Norco, Opana, Zipsor, Lunesta, and Gralise were renewed. The attending provider stated that the applicant's ability to perform unspecified activities of daily living was ameliorated as a result of ongoing medication consumption, but did not elaborate further.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #120 no refills:** 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 was off of work, it was reported on June 25, 2015. The applicant was receiving both Workers' Compensation Indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was reported on that date. While the attending provider stated that the applicant's pain scores were ameliorated as a result of ongoing medications consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and/or the attending provider's failure to outline any meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.