

<b>Case Number:</b>	CM15-0146404		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 [REDACTED], who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 4, 2002. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve a request for Norco and Oxycodone. The claims administrator referenced a July 8, 2015 RFA form and an associated progress note of June 26, 2015 in its determination. The applicant's attorney subsequently appealed. On April 24, 2015, the applicant reported ongoing complaints of neck and low back pain status post earlier failed cervical spine surgery. The applicant had developed derivative complaints of depression, erectile dysfunction, frustration, and insomnia reportedly associated with chronic pain complaints. The applicant's chronic pain complaints were impacting his ability to perform activities of daily living as basic as sitting, standing, walking, and sleeping, it was reported. The attending provider then stated that the applicant's pain scores were reduced from 9/10 without to 3/10 with medications and stated that the applicant's ability to perform unspecified household chores such as grocery shopping have been ameliorated as a result of ongoing medication consumption. The applicant was asked to continue wheelchair, cane, Ambien, Viagra, soma, Oxycodone, and Norco. The attending provider stated that the applicant was "permanently totally disabled."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 79-81.

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

**Decision rationale:** No, the request for Norco, a short-acting opioid, was 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 and function. Here, however, the attending provider failed to set forth a clear or compelling case for concomitant usage of two separate short-acting opioids, Norco and Oxycodone. Continued usage of two separate short-acting opioids, thus, ran counter to be MTUS principles to employ the lowest possible dose of opioids needed to improve pain and function. Therefore, the request was not medically necessary.

**Oxycodone 30mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Oxycodone, a short-acting opioid, was likewise 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 and had been deemed permanently disabled, it was reported on April 24, 2015. While the attending provider did recount a reported reduction in pain scores from 9/10 without medications to 3/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's reports to the effect that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, and sleeping, despite ongoing Oxycodone usage. Therefore, the request was not medically necessary.