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| <b>Case Number:</b>   | CM15-0160674 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 08/20/2001 |
| <b>Decision Date:</b> | 10/02/2015   | <b>UR Denial Date:</b>       | 08/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 20, 2001. In a Utilization Review report dated August 14, 2015, the claims administrator partially approved requests for MS Contin and Norco while approving Relafen, Lidoderm patches and Neurontin. The claims administrator referenced an August 7, 2015 RFA form and an associated progress note of August 4, 2015 in its determination. The applicant's attorney subsequently appealed. On August 4, 2015, the applicant reported multifocal complaints of neck, low back, and shoulder pain. 4-6/10 pain complaints were reported. The applicant was using a spinal cord stimulator, it was acknowledged. The applicant had undergone earlier failed cervical and lumbar spine surgeries, it was reported. The applicant was described as having issues walking and apparently exhibited foot drop about the left leg, it was reported. Norco, Neurontin, Relafen, Lidoderm patches, and MS Contin were endorsed. The applicant was asked to pursue an epidural steroid injection. The applicant's work status was not explicitly detailed, although the applicant did not appear to be working. Little seeming discussion of medication efficacy transpired. In one section of the note, the applicant's pain complaints were scored as constant and severe. On July 30, 2015, the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**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, is 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 and had been placed off of work, on total temporary disability, on July 30, 2015, as reported above. On August 4, 2015, the applicant reported constant, severe low back pain complaints, exacerbated by activities of daily living as basic as sitting and walking, it was acknowledged. All of the foregoing, taken together, strongly suggested that the applicant had, in fact, failed to profit with ongoing opioid therapy, including ongoing Norco usage. Therefore, the request is not medically necessary.

**MS Contin 30 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, is 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 and had been placed off of work, on total temporary disability, on July 30, 2015, as reported above. On August 4, 2015, the applicant reported constant, severe low back pain complaints, exacerbated by activities of daily living as basic as sitting and walking, it was acknowledged. All of the foregoing, taken together, strongly suggested that the applicant had, in fact, failed to profit with ongoing opioid therapy, including ongoing Norco usage. Therefore, the request is not medically necessary.