

<b>Case Number:</b>	CM15-0168062		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	06/10/2006
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 41-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of June 10, 2006. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on July 27, 2015 in its determination. The claims administrator did not seemingly incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. On July 11, 2015, the applicant reported ongoing complaints of low back and shoulder pain. The note was extremely difficult to follow and compromised, in large part, cited guidelines. Epidural steroid injection therapy was sought. The applicant's work status was not furnished. On June 19, 2015, the applicant was given a refill of Norco. No seeming discussion of medication efficacy transpired. Ongoing complaints of low back and shoulder pain were reported. The applicant was not working, it was reported. The applicant developed derivative complaints of depression. The applicant was also using Atarax, Paxil, Naprosyn, it was acknowledged, in addition to Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**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 includes 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 19, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) suspected as a result of ongoing Norco usage on that date or on a subsequent appeal letter of July 11, 2015. Therefore, the request is not medically necessary.