

<b>Case Number:</b>	CM15-0168280		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/20/2015
<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 [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of March 19, 2014. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for Norco. The claims administrator cited a July 25, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 23, 2015, the attending provider noted that the applicant had multifocal complaints of low back, neck, and arm pain with derivative complaints of headaches, the applicant was not working. It was not reported. Norco was renewed. The applicant was using the same at a rate of thrice daily, it was reported. The attending provider acknowledged that the applicant was having issues with financial stress, was somewhat socially withdrawn, and was basically unable to do much of anything. The applicant had difficulty performing activities of daily living such as putting on her shoes, cooking, cleaning, mopping, vacuuming, paying her bills, doing her laundry, sitting, standing, sleeping, bending, twisting, etc. The treating provider did state that the applicant's pain scores were 4 to 5/10 with medications versus 8/10 without medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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, 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, on total temporary disability, it was reported on June 23, 2015. While the attending provider did recount a reported reduction in pain scores effected as a result of ongoing Norco usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) suspected as a result of ongoing Norco usage. The attending provider commented to the effect that the applicant was having difficulty socializing, paying bills, putting on her shoes, cooking, cleaning, doing groceries, doing her laundry, etc., coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.