

<b>Case Number:</b>	CM15-0180505		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/17/1999
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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:

This is a 58 year old male with a date of injury on 5-17-1999. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back pain, failed back syndrome, opioid dependence and anxiety. Medical records (4-14-2015 to 8-26-2015) indicate ongoing low back pain rated four out of ten. According to the progress report dated 8-26-2015, the injured worker complained of back pain. He was able to work and take care of himself. His mood was fair and anxiety was moderate. Per the treating physician (8-26-2015), the injured worker was working full time. The physical exam (8-26-2015) revealed muscle strength five out of five in the bilateral upper and lower extremities. Treatment has included medications. The injured worker has been prescribed Norco since at least 4-14-2015. The laboratory report dated 4-16-2015 showed opiates and cannabinoid. The treating physician (7-9-2015) indicates that the urine drug testing had normal findings. The original Utilization Review (UR) (9-4-2015) modified a request for Norco 10-325mg #220 to Norco #20. Utilization Review denied a request for a multidisciplinary evaluation for Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 220 count:** 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 for chronic pain.

**Decision rationale:** The requested Norco 10/325 mg, 220 count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain. He was able to work and take care of himself. His mood was fair and anxiety was moderate. Per the treating physician (8-26-2015), the injured worker was working full time. The physical exam (8-26-2015) revealed muscle strength five out of five in the bilateral upper and lower extremities. Treatment has included medications. The injured worker has been prescribed Norco since at least 4-14-2015. The laboratory report dated 4-16-2015 showed opiates and cannabinoid. The treating physician (7-9-2015) indicates that the urine drug testing had normal findings. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Norco 10/325 mg, 220 count is not medically necessary.

**Multidisciplinary evaluation for functional restoration program:** 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): Functional restoration programs (FRPs).

**Decision rationale:** The requested Multidisciplinary evaluation for functional restoration program, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain, and that treatment in excess of 20 full-day sessions requires a clear rationale for the specified extension and reasonable goals to be achieved". The injured worker has back pain. He was able to work and take care of himself. His mood was fair and anxiety was moderate. Per the treating physician (8-26-2015), the injured worker was working full time. The physical exam (8-26-2015) revealed muscle strength five out of five in the bilateral upper and lower extremities. Treatment has included medications. The injured worker has been prescribed Norco since at least 4-14-2015. The laboratory report dated 4-16-2015 showed opiates and cannabinoid. The treating physician (7-9-2015) indicates that the urine drug testing had normal findings. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria, all of which

must be satisfied for approval of such a program and "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery". Satisfaction of all of these criteria is not currently documented (including non-surgical candidacy, significant functional loss, positive motivation, and addressed negative predictors of success). The criteria noted above not having been met, Multidisciplinary evaluation for functional restoration program is not medically necessary.