

<b>Case Number:</b>	CM15-0182368		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/04/2002
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 4, 2002. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for Norco and MS Contin. The claims administrator referenced a July 10, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 31, 2015, Norco and MS Contin were endorsed. The treating provider contended that this RFA form was affiliated with a date of service of July 10, 2015. On said July 10, 2015 office visit, the applicant reported ongoing complaints of low back pain, 5/10. The applicant was status post multiple epidural steroid injections, it was reported. The treating provider suggested in one section of the note the applicant was working with restrictions in place. The applicant was on Norco, MS Contin, and Flexeril, it was reported. Norco and MS Contin were seemingly refilled. In a work status report dated July 15, 2015, the treating provider suggested the applicant was working without restrictions. On May 7, 2015, the treating provider stated the applicant was deriving appropriate analgesia from ongoing MS Contin and Norco usage. The treating provider stated the applicant was working with restrictions in place as of this point in time. On March 18, 2015, the treating provider contended that the applicant's ability to work full time as a printer technician, walk for lengthier periods of time, and participate in maintenance chores around the home had all been ameliorated as a result of ongoing medication and injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) prescriptions of Norco 7.5/325mg #120: Overturned**

**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:** 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, the applicant had apparently returned to and maintained full-time work status as a printer technician, it was reported on multiple office visits, referenced above. The applicant was deriving appropriate analgesia with ongoing medication consumption and was able to perform chores around the home, including yard work, it was suggested on multiple office visits of 2015, referenced above. Continuing the same, on balance, was, thus, indicated. Therefore, the request is medically necessary.

**Two (2) prescriptions of MS Contin 30mg #60: Overturned**

**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:** 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 to return work, improved function, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to and maintained full-time work status as printer technician, it was stated on multiple office visits, referenced above. The applicant was deriving appropriate analgesia from ongoing medication consumption and also contended that his ability to perform household chores, including lawn maintenance, had also been ameliorated as a result of ongoing medication consumption, including ongoing MS Contin usage. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.