

<b>Case Number:</b>	CM15-0193603		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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:

The 45 year old male injured worker suffered an industrial injury on 10-22-2014. The diagnoses included chronic persistent thoracic pain, chronic low back pain and neck pain. On 5-28-2015, the random drug screen was consistent. On 9-8-2015, the treating provider reported neck and low back along with right knee pain with pain rated as 9 out of 10. The provider noted he had been without medication for 2 months. On exam, he appeared to be in moderate distress and walking with the assistance of a cane. He had tenderness across the low back with range of motion and had a positive valgus test on the right knee. The provider provided no evidence of goals or rationale for functional restoration program in the medical record. There was an opioid agreement signed on 4-30-2015. Norco had been in use since at least 4-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment except for urine drug screen. Request for Authorization date was 9-16-2015. The Utilization Review on 9-25-2015 determined non-certification for Norco 10/325 mg Qty 120 and 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 Qty 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**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 Qty 120 is 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 chronic persistent thoracic pain, chronic low back pain and neck pain. On 5-28-2015, the random drug screen was consistent. On 9-8-2015, the treating provider reported neck and low back along with right knee pain with pain rated as 9 out of 10. The provider noted he had been without medication for 2 months. On exam, he appeared to be in moderate distress and walking with the assistance of a cane. He had tenderness across the low back with range of motion and had a positive valgus test on the right knee. The provider provided no evidence of goals or rationale for functional restoration program in the medical record. There was an opioid agreement signed on 4-30-2015. Norco had been in use since at least 4-2015. The treating physician has documented functional improvement with measures of opiate surveillance from this low opiate load narcotic. The criteria noted above having been met, Norco 10/325 mg Qty 120 is medically necessary.

**Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The requested 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 chronic persistent thoracic pain, chronic low back pain and neck pain. On 5-28-2015, the random drug screen was consistent. On 9-8-2015, the treating provider reported neck and low back along with right knee pain with pain rated as 9 out of 10. The provider noted he had been without medication for 2 months. On exam, he appeared to be in moderate distress and walking with the assistance of a cane. He had tenderness across the low back with range of motion and had a positive valgus test on the right knee. The provider provided no evidence of goals or rationale for functional restoration program in the medical record. There was an opioid agreement signed on 4-30-2015. Norco had been in

use since at least 4-2015. 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, Functional Restoration Program is not medically necessary.