

<b>Case Number:</b>	CM15-0193757		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/17/1995
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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] who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 17, 1995. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for Norco. A September 11, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 11, 2015 office visit, the applicant reported ongoing complaints of neck pain radiating to left upper extremity. Ancillary complaints of low back pain were also reported. The applicant was using a spinal cord stimulator. The applicant was using Norco at a rate of 3-5 tablets daily, it was reported. Average pain scores of 7-8/10 were reported. Repeat cervical epidural steroid injection was sought. The applicant's work status was not detailed, although it did not appear that the applicant was working. On July 10, 2015, it was again stated that the applicant was using Norco at a rate of 3-4 tablets daily. The attending provider stated that the applicant's pain complaints ranged from 5-7/10. Once again, the applicant's work status was not detailed, although the treating provider suggested that the applicant's medications were beneficial. On June 2, 2015, the applicant's work status, once again, was not detailed. The treating provider contended that the applicant's ability to perform self-care, food preparation, and perform laundry in unspecified amounts had all been ameliorated as a result of ongoing medication consumption. On October 2, 2015, the treating provider stated that he was renewing Norco on the grounds that the applicant had reportedly profited from the same in terms of self reports of analgesia reportedly derived as a result of the same and in terms of improved performance of unspecified activities of daily living.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**120 tablets of Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on multiple office visits, referenced above, including on the September 11, 2015 office visit at issue, suggesting that the applicant was not, in fact, working. While the treating provider reported that the applicant was deriving analgesia from ongoing Norco usage, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The treating provider's commentary on June 2, 2015 that the applicant's ability to perform self-care, food preparation, and laundry in unspecified amounts as a result of ongoing Norco usage did not constitute evidence of a substantive improvement achieved as a result of the same and was, moreover, seemingly outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.