

<b>Case Number:</b>	CM15-0205211		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/11/2008
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 54-year-old who has filed a claim for chronic neck, shoulder, and arm pain reportedly associated with an industrial injury of May 11, 2008. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a September 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 24, 2015, the applicant reported ongoing complaints of neck pain radiating to the right arm, 8/10. The applicant's medications included Voltaren gel, Lidoderm, Norco, senna, insulin, albuterol, Zocor, aspirin, hydralazine, diltiazem, Lasix, and Allegra, it was reported. Several of the same were refilled, including Norco at issue. The attending provider contended that ongoing usage of Norco was diminishing the applicant's pain scores from 8-10/10 without medications to 5/10 with medications. The applicant's work status was not reported. In another section of the note, the applicant reported 8/10 pain complaints. The progress note was some 11 pages long, mingled historical issues with current issues, and was somewhat difficult to follow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use, Weaning of Medications.

**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's work status was not reported on September 24, 2015, suggesting that the applicant was not, in fact, working. While some sections of the attending provider's progress note did recount a reduction of pain scores from 9/10 without medications to 5/10 with medications, these reports were, however, outweighed by the attending provider's failure to clearly report the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.