

<b>Case Number:</b>	CM15-0209692		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	02/17/2004
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 17, 2004. In a utilization review report dated October 6, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an August 10, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 10, 2015, the applicant reported ongoing issues with low back pain with associated radicular pain complaints. Norco was endorsed. The treating provider contended that the applicant was deriving appropriate analgesia from Norco usage. The applicant had reportedly retired, it was stated. The attending provider contended that Norco was diminishing his pain complaints by 70%. The treating provider stated that ongoing medication consumption was facilitating the applicant's ability to perform home exercises, including walking up to a few miles daily. On May 27, 2015, the attending provider again stated that the applicant's pain medications were reducing his pain scores, on average, by 60-70% and were, moreover, facilitating the performance of day-to-day activities of daily living, including walking up to few miles daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and 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, while the applicant had failed to returned to work, the treating provider did recount a 60-70% reduction in pain scores reportedly effected as a result of ongoing Norco usage and further contended that ongoing usage of Norco had ameliorated the applicant's ability to perform day-to-day activities of daily living, including home exercises in the form of walking up to a few miles daily. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.