

<b>Case Number:</b>	CM15-0025458		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	11/10/2006
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Ohio, 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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 10, 2006. In a Utilization Review Report dated February 2, 2015, the claims administrator failed to approve a request for Norco. The claims administrator noted that the applicant had a history of earlier cervical spine surgery, carpal tunnel release surgery, and left shoulder surgery. The claims administrator referenced a January 20, 2015, progress note in its determination. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant reported persistent complaints of low back, neck, shoulder, and hand pain. The applicant was using Norco for pain relief. 2 to 5/10 pain was appreciated. The applicant's functionality was the same, with and without Norco, it was acknowledged. The applicant was also using Celebrex, Voltaren gel, and Prilosec, it was incidentally noted. The applicant was off of work and had been deemed disabled, it was acknowledged. Multiple medications were renewed, including the Norco at issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 MG #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

**Decision rationale:** 1. 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 was/is off of work. The applicant was receiving both worker's compensation indemnity and disability insurance benefits, the treating acknowledged, despite ongoing Norco usage. As the attending provider further acknowledged in January 2015, the applicant's functionality had not appreciably improved despite introduction of Norco. Therefore, the request was not medically necessary.