

<b>Case Number:</b>	CM15-0025611		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/30/2015
<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] employee who has filed a claim for chronic low back pain reportedly associated of November 9, 2010. In a Utilization Review Report dated January 13, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on January 23, 2015, in its determination. The claims administrator contented that the applicant had failed to profit from ongoing Norco consumption. The applicant's attorney subsequently appealed. In a January 2015 progress note, the applicant reported ongoing complaints of neck, low back, elbow, and shoulder pain. The applicant was apparently asked to continue Zestril for hypertension. The applicant's pain medication was not described. Norco was endorsed via an RFA form dated January 13, 2015. In an associated handwritten progress note of the same date, the applicant reported multifocal complaints of low back, neck, and elbow pain with associated sleep disturbance. The applicant's pain complaints were severe and constant and interfering with day to day activities, the applicant was placed off of work, on total temporary disability. Topical compounds were endorsed along with Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 MG #120:** 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. 9792.2.

**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 was/is off of work, on total temporary disability, despite ongoing Norco ongoing usage. The applicant's pain complaints were described as severe and constant, on January 15, 2015. The applicant's pain complaints were interfering with all activities of daily living of that date, the attending provider reported. All of the foregoing, taken together, strongly suggested the applicant has failed to profit from ongoing opioid usage. Therefore, the request is not medically necessary.