

<b>Case Number:</b>	CM15-0031053		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 51-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 21, 2011. In a Utilization Review Report dated January 15, 2015, the claims administrator partially approved a request for Norco, seemingly for weaning purposes. A progress note dated January 14, 2015 was referenced in the determination. The claims administrator contended that the applicant was not, in fact, working. The applicant's attorney subsequently appealed. On December 24, 2014, the applicant reported persistent complaints of low back and shoulder pain. The applicant was using three to four tablets of Norco daily. The applicant reported some reduction in pain scores from 8-9/10 without medications to 4-6/10 with medications. The applicant was also using Restoril and topical compounds. On November 26, 2014, Norco, Restoril, and a topical compounded agent were endorsed. The applicant's pain complaints were reportedly worsening. The applicant was placed off of work, on total temporary disability. MRI imaging of the lumbar spine was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone / APAP) 7.5/325mg #90 with no refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone / Acetaminophen; On-Going Management; Weaning of Medications Page(s): 91; 78-80; 124.

**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 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

**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 result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing Norco usage. The applicant's pain complaints were, as noted above, seemingly heightened from visit to visit, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function affected as result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.