

<b>Case Number:</b>	CM15-0034125		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 39-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 10, 2010. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an office visit of December 23, 2014 in its determination. The applicant's attorney subsequently appealed. In a September 12, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. The applicant was not working. The applicant was having difficulty doing sports and exercise. 8/10 pain complaints were noted. The applicant expressed frustration with ongoing pain complaints. The applicant stated that various activities of daily living, including sitting, standing, walking, looking up and down, and twisting were all problematic. The applicant was still smoking a pack a day. MRI studies of various body parts were endorsed. No discussion of medication efficacy transpired. On December 3, 2014, authorization was sought for cervical spine surgery. Once again, no discussion of medication efficacy transpired. On October 29, 2014, once again, no discussion of medication efficacy transpired, although it was again suggested that the applicant was considering cervical spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #50: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**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. The applicant continued to report pain complaints as high as 8/10 as of September 12, 2014. Multiple progress notes of late 2014, referenced above, contained no mention or discussion of medication selection or medication efficacy. The attending provider failed, in short, to identify any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.