

<b>Case Number:</b>	CM15-0035024		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/30/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/17/2015
<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 66-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 30, 2006. In a Utilization Review Report dated February 17, 2015, the claims administrator partially approved a request for Norco while denying a request for transfer of care to another provider. Non-MTUS Chapter 7 ACOEM Guidelines were employed to deny the transfer of care. Norco was apparently partially approved for weaning purposes. A February 4, 2015 progress note and an associated February 10, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. The IMR application of February 19, 2015, however, seemingly suggested that the applicant's attorney was only intent on appealing the request for Norco. In an applicant questionnaire dated March 29, 2011, the applicant acknowledged that he was not working and had no intention of returning to work owing to his shoulder pain complaints. On March 7, 2014, the applicant was asked to remain off of work. Tramadol was renewed. The applicant's medication list included Norco, tramadol, Lopressor, and vitamins.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-acetaminophen 10/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids, specific drug list; Weaning of Medications, Opioids Page(s): 91, 78-80, 124.

**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 (hydrocodone-acetaminophen), 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 off of work and had not worked in several years as of the date of the request. The attending provider's progress notes failed to outline any meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.