

<b>Case Number:</b>	CM15-0036865		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 52-year-old [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of November 9, 2010. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on January 27, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 6, 2015, difficult to follow, the applicant reported persistent complaints of low back pain, with ancillary complaints of knee pain. Mobic and Norco were apparently renewed. The applicant was asked to remain off of work until further notice. In an earlier note dated December 5, 2014, the applicant was, once again, asked to remain off of work, on total temporary disability, until further notice. Norco, Motrin, and morphine were renewed. No discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 3 times a day, quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**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, on total temporary disability, despite ongoing Norco usage. The attending provider's handwritten progress notes contained no mention or discussion of medication efficacy. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage (if any). The attending provider likewise failed to outline any quantifiable decrements in pain effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.