

<b>Case Number:</b>	CM15-0039565		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/10/1979
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 63-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 10, 1979. In a Utilization Review Report dated February 17, 2015, the claims administrator failed to approve a request for Norco. A February 2, 2015 progress note was referenced in the determination. The claims administrator noted that the applicant had undergone earlier, reportedly unsuccessful right knee surgery. The applicant's attorney subsequently appealed. On February 25, 2015, the applicant reported ongoing, unchanged low back pain complaints; it was stated in one section of the note. In another section of the note, it was stated that the applicant was having a severe flare of pain. A Toradol injection was apparently administered while Flexeril, Prilosec, and short-acting oxycodone were renewed. On February 2, 2015, the applicant was given refills of Flexeril, Motrin, Prilosec, oxycodone, and Norco. The applicant was having difficulty ambulating. The applicant's pain complaints were reportedly intolerable, the treating provider posited. Toradol was apparently administered on this occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Norco 10/325mg, #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 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 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider has seemingly given the applicant concurrent prescriptions for two separate short-acting opioids, namely Norco and oxycodone. No clear or compelling rationale for concurrent usage of two separate short-acting opioids was furnished. It is further noted that the applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant has failed to return to work. The applicant has reportedly retired, the treating provider has suggested. The applicant continues to present reporting heightened, intractable, and/or intolerable complaints of low back pain, despite ongoing Norco usage. The applicant continues to report difficulty performing activities of daily living as basic as standing and walking. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.