

<b>Case Number:</b>	CM15-0057220		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/19/1998
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 76-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 19, 1998. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a January 22, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 19, 2015 RFA form, Norco was renewed. In an associated progress note of January 22, 2015, the applicant reported ongoing complaints of low back pain, 10/10, with medications, it was acknowledged. The applicant was apparently using a walker to move about. The applicant's medications included Lunesta, Norco, and Pristiq, it was acknowledged. The applicant exhibited a visibly antalgic gait and had fallen recently, it was reported. The applicant was asked to continue current medications, including Norco. The applicant's work status was not detailed, although it did not appear that the applicant was working. The applicant weighed 260 pounds, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** 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, the applicant's work status was not detailed on the January 22, 2015 progress note in question. The applicant reported 10/10 pain complaints with medications on that date. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was further noted, was using a walker to move about. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.