

<b>Case Number:</b>	CM15-0057997		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/26/2004
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 26, 2004. In a Utilization Review report dated March 5, 2015, the claims administrator failed to approve a request for Norco and an interdisciplinary pain program evaluation. The claims administrator did, however, apparently issue a partial approval of Norco, apparently for tapering or weaning purposes. The claims administrator referenced a RFA form received on March 2, 2015 and a progress note of February 19, 2015 in its determination. The applicant's attorney subsequently appealed. On December 4, 2012, extended released Opana was renewed, along with the applicant's permanent work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. In a February 27, 2015 RFA form, Norco was renewed. It was stated that the applicant was using Norco at a rate of seven tablets a day. In an associated progress note of February 19, 2015, somewhat difficult to follow, blurred as a result of repetitive photocopying, Norco was renewed. The applicant was described as severely obese, with a BMI of 42. The applicant was not working, it was acknowledged. No discussion of medication efficacy transpired. On December 9, 2014, the applicant reported persistent complaints of low back pain. The applicant was using Norco for pain relief. The applicant reported 5/10 pain on this date. Permanent work restrictions and Norco were renewed. There was no seeming discussion of medication efficacy on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, opioid therapy Page(s): 78-81.

**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 off of work, it was acknowledged, despite ongoing Norco usage. Permanent work restrictions were renewed, seemingly unchanged from visit to visit. The attending provider failed to outline either quantifiable decrements in pain or meaningful, material improvements in function (if any) on the February 19, 2015 progress note in question. Therefore, the request was not medically necessary.

**Interdisciplinary pain rehabilitation program evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6.

**Decision rationale:** Similarly, the request for an interdisciplinary pain program evaluation was likewise not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve. In this case, however, there was no mention of the applicant's willingness to prepare to make the effort to try and improve. Rather, all evidence on file points to the applicant's seeming intent to maximize Worker's Compensation indemnity benefits. The applicant remained off of work as of the February 19, 2015 progress note on which the evaluation in question was proposed. There was, in short, no indication that the applicant was in fact prepared to make the effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines likewise stipulates that another criterion for pursuit of a functional restoration program is evidence that previous methods of treating chronic pain had proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, however, the attending provider did not outline why the applicant could not continue his rehabilitation through conventional means, such as outpatient office visits, analgesic medications, etc. Therefore, the request was not medically necessary.

