

<b>Case Number:</b>	CM15-0059836		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 35-year-old who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with an industrial injury of May 24, 2012. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for Norco. An RFA form and an associated progress note of February 6, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On January 5, 2015, the applicant reported ongoing complaints of neck pain status post earlier cervical spine surgery in September 2013. The applicant's medication list included Flexeril, Neurontin, Norco, Flonase, and Sudafed, it was acknowledged. The applicant was apparently presenting to the Emergency Department fairly frequently to obtain refills of medications. The attending provider stated that the applicant had a variety of psychological issues superimposed on her medical issues. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. The applicant reported issues with poor concentration, decreased levels of physical activity, and difficulty enjoying life secondary to her chronic pain concerns. A chronic pain program evaluation was proposed. On February 6, 2015, the applicant reported multifocal complaints of shoulder, neck, and low back pain with derivative complaints of depression, memory loss, and insomnia. It was stated in one section of the note that the applicant was having fairly frequent flares of pain, which were resulting in her missing work quite frequently. The applicant was asked to continue tapering Norco, eventually get off Norco, and obtain a psychological evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

**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, it was suggested that the applicant had returned to some form of work on a progress note dated February 6, 2015. On that date, however, the attending provider stated that the applicant was missing work fairly frequently owing to flares of pain. Commentary made on February 6, 2015 and January 5, 2015 to the effect that the attending provider felt that the applicant was misusing Norco and needed to taper off the same did not make a compelling case for continuation of opioid therapy here. The attending provider wrote on January 5, 2015 that the applicant was going to the Emergency Department fairly frequently for ongoing pain complaints, suggesting that ongoing usage of Norco was not, in fact, altogether effectual. The attending provider likewise failed to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage, reporting on January 5, 2015 that the applicant had issues with difficulty concentrating, difficulty interacting with others, diminished levels of physical activity, decreased enjoyment of life secondary to chronic pain, etc. All of the foregoing, thus, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.