

<b>Case Number:</b>	CM15-0059969		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/14/2015
<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 53-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of December 12, 2012. In a Utilization Review report dated March 14, 2015, the claims administrator failed to approve a request for Norco. RFA form received on March 6, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant reported ongoing complaints of wrist and shoulder pain. Norco was renewed. A 30-pound lifting limitation was endorsed. No explicit discussion of medication efficacy transpired. The applicant did report issues with fatigue, depression, and sleep disturbance in the review of the systems section of the note. It was not clearly stated whether the applicant was or was not working with said limitations in place. On February 17, 2015, the applicant's primary care treating provider (PTP) noted that the applicant would remain off of work, on total temporary disability, as his employer was unable to accommodate previously suggested limitations. The applicant was using Motrin, tramadol, and Norco for pain relief, several of which were renewed. Once again, 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, #180:** 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, however, the applicant was off of work, on total temporary disability, it was acknowledged on a progress note of February 17, 2015. There was no mention of any quantifiable decrements in pain or material improvements in function effected as a result of the ongoing Norco usage on that date. Similarly, a January 7, 2015 progress note likewise contained no discussion of medication efficacy. Norco was seemingly renewed on that date without any discussion of medications efficacy. Therefore, the request was not medically necessary.