

<b>Case Number:</b>	CM15-0086307		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	06/10/2005
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 10, 2005. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve a request for Norco. A RFA form received on April 6, 2015 and an associated progress note of March 10, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported ongoing complaints of low back pain, reportedly intractable. The applicant had undergone a failed fusion procedure. 8-9/10 pain complaints were noted. Radiation of pain to legs was noted. The applicant was using Norco four times daily. The attending provider stated that the applicant would be "totally incapacitated" without his medications. The attending provider stated that Norco was beneficial but did not elaborate further. Norco and Ambien were endorsed. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. On March 10, 2015, Norco and Ambien were, once again, renewed. 8-9/10 pain complaints were again reported. Derivative complaints of insomnia were also evident.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #120 x 3 Months (Med 40): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, however, the applicant's work status was not clearly outlined above, although it did not appear that the applicant was working with permanent limitations in place. The applicant's pain complaints were consistently scored in the 8-9/10 range. The applicant's pain complaints were consistently scored at 8-9/10 and described as severe and intractable. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.