

<b>Case Number:</b>	CM14-0138300		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/24/2000
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of May 24, 2000. In a Utilization Review Report dated August 15, 2014, the claims administrator failed to approve a request for Norco, suggesting instead that the applicant wean off of the same. The applicant's attorney subsequently appealed. In a progress note dated August 10, 2014, the applicant reported ongoing complaints of neck, mid back, and low back pain. The applicant had had earlier epidural steroid injection therapy. The applicant stated that her pain levels were reduced from 8-9/10 without medications to 2-4/10 with medications. The applicant was exercising regularly at the gym. The applicant stated that she was using Norco, Flexeril, Naprosyn, and Prilosec as needed with good results and no side effects. The applicant was reportedly divorced. The applicant was no longer working and had been deemed "disabled," it was noted. Norco, an updated cervical MRI, and a cervical epidural steroid injection were sought. In an earlier note dated June 24, 2014, the applicant again stated that her pain scores were 8/10 without medications and 4-5/10 with medications. The applicant stated that she was able to go camping, go to the gym three times a week, and use a stationary bike 30 minutes at a time. The applicant attributed her improvements to ongoing medication consumption, it was acknowledged. The applicant was off of work: "On disability."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #60 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** 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. In this case, while the applicant has failed to return to work, the applicant is reporting appropriate reductions in pain scores with ongoing medication usage, including ongoing Norco usage. The applicant's ability to go to the gym, perform home exercises, perform household chores, and ride a stationary bike have all reportedly been ameliorated as a result of ongoing Norco consumption. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.