

<b>Case Number:</b>	CM14-0214596		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/03/2008
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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, Ohio, 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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 3, 2008. In a Utilization Review Report dated December 15, 2014, the claims administrator partially approved a request for 60 tablets of Norco as 30 tablets of the same and approved a request for Neurontin. The claims administrator referenced an RFA form received on December 15, 2014 in its determination. The claims administrator noted that the applicant had undergone earlier lumbar fusion surgery. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant stated that his pain complaints were unchanged, that his quality of sleep was poor, and that he wished to obtain medical transportation to and from appointments. The applicant was using Viagra, tramadol, Neurontin, and Motrin as of this point in time, it was acknowledged. 8/10 pain was reported. Neurontin and tramadol were renewed on this date, without much discussion of medication efficacy. On September 9, 2014, the applicant reported persistent complaints of low back pain. The applicant stated that Norco was more helpful than Ultram. The applicant's medication list included Neurontin, Motrin, Norco, and Viagra. Norco and Neurontin were both renewed. The attending provider stated that the applicant's sitting and standing tolerance were somewhat improved as a result of medication consumption. The applicant's work status was not clearly detailed, suggesting that the applicant was not working. On August 5, 2014, the applicant reported persistent complaints of low back pain radiating into bilateral lower extremities. The applicant stated that his pain was increased at night. The applicant exhibited a visibly slowed

and antalgic gait, on this occasion. Norco was endorsed. Once again, the applicant's work status was not clearly detailed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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. Here, the applicant's work status was not clearly detailed on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. Multiple progress notes, referenced above, likewise failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing opioid therapy. The attending provider's commentary to the effect that the applicant's sleeping and sitting tolerance were improved as a result of medication consumption does not, in and of itself, constitute evidence of a meaningful or substantive benefit achieved as a result of the same. Therefore, the request for Norco is not medically necessary.