

<b>Case Number:</b>	CM14-0216110		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/03/2002
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 3, 2002. In a Utilization Review Report dated December 8, 2014, the claims administrator partially approved a request for Norco. The claims administrator referenced a progress note dated December 10, 2014 in its determination. The claims administrator contended that the applicant had been using Norco for some time and has failed to profit from the same. The applicant's attorney subsequently appealed. On November 17, 2014, the applicant reported persistent complaints of low back and bilateral shoulder pain. The applicant was using four tablets of Norco daily. The applicant stated that she was irate over medication denials. The applicant stated that her medications allowed her to remain functional. Norco was renewed. Permanent work restrictions were also endorsed. The applicant's complete medication list included Norco, Prilosec, Zanaflex, Neurontin, Prozac, Ambien, and Imitrex. The attending provider did not state whether the applicant was or was not working with limitations in place, although this did not appear to be the case. On October 29, 2014, the applicant reported persistent complaints of back, neck, shoulder, and lower extremity pain with attendant complaints of depression. The applicant was again described as using Norco at a rate of four times daily, Prilosec, Zanaflex, Neurontin, Prozac, Imitrex, and Ambien. Permanent work restrictions were again renewed. The attending provider stated that the applicant was deriving some reduction in pain scores from 6/10 without medications to 2/10 with medications. The attending provider stated that the applicant was able

to perform activities of daily living such as self-care, personal hygiene, and doing her own laundry, reportedly achieved as a result of medication consumption.

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

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

**(1) Prescription of Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**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. Here, the applicant was/is off of work, it was suggested. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. While the attending provider did recount some reduction in pain scores achieved as a result of ongoing opioid therapy, these are, however, outweighed by the attending provider's failure to outline any meaningful or material improvements in function affected as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant was able to perform self-care, personal hygiene, and do her own laundry with medications does not, in and of itself, constitute evidence of meaningful or material improvement effected as a result of the same. Therefore, the request was not medically necessary.