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| <b>Case Number:</b>   | CM14-0216783 |                              |            |
| <b>Date Assigned:</b> | 12/30/2014   | <b>Date of Injury:</b>       | 08/01/2002 |
| <b>Decision Date:</b> | 03/05/2015   | <b>UR Denial Date:</b>       | 12/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/26/2014 |

### 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. 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 pain syndrome reportedly associated with an industrial injury of August 1, 2002. In a Utilization Review Report dated December 3, 2014, the claims administrator partially approved a request for Norco, apparently for tapering or weaning purposes. A November 21, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 31, 2014, the applicant reported persistent complaints of low back pain. The applicant was given refills of Ultracet, Norco, and Flexeril; it was stated on this occasion. The applicant's work status was not clearly outlined, although it did not appear that that applicant was working with permanent restrictions in place. On August 6, 2014, gabapentin was apparently renewed, again without much discussion of medication efficacy. Large portions of the progress note were difficult to follow. On October 15, 2014, the applicant was asked to employ Norco 7.5/325 for breakthrough purposes owing to heightened complaints of pain evident on this date. Neurontin was also endorsed at a heightened dose. Voltaren gel was endorsed. On October 15, 2014, the applicant was described as permanently disabled. A permanent handicap placard was issued. The applicant was having difficulty walking. A visibly antalgic gait was evident. Norco, Mobic, and Voltaren gel were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 7.5/325mg #75: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Hydrocodone/Acetaminophen.

**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 was/is off of work, it was acknowledged on a handwritten October 15, 2015 progress note. The applicant was deemed permanently disabled, the treating provider stated on that date. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was further noted. The attending provider's handwritten progress notes did not outline any material improvements in function or quantifiable decrements in pain affected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.