

<b>Case Number:</b>	CM15-0101873		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/10/2004
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 10, 2004. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a May 7, 2015 RFA form and associated progress note of April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On April 30, 2015, the applicant reported ongoing complaints of low back and left knee pain, 4/10 with highly variable, ranging from 4 to 8/10. The applicant was off of work, it was reported, but allegedly looking for work. The applicant was on Norco, Zanaflex, and Motrin. The applicant had undergone earlier failed spine surgery, it was reported. Norco was endorsed. The applicant's permanent work restrictions were seemingly renewed as the attending provider stated that the applicant was being seen under "Future Medical Benefits." Overall commentary was sparse. The attending provider stated that the applicant's medications were beneficial, but did not elaborate further.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, quantity: 120:** Upheld

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

**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, the applicant is off of work, as suggested on April 30, 2015. The applicant did not appear to be working following imposition of permanent work restrictions. While the attending provider stated that the applicant's medications were beneficial, the attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.