

<b>Case Number:</b>	CM15-0014963		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 17, 2012. In a Utilization Review report dated January 12, 2015, the claims administrator failed to approve two separate prescriptions for Norco. The claims administrator referenced a December 29, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On January 6, 2015, the attending provider appealed a denial, noting that the applicant was using Norco at rate of three times daily. On December 29, 2014, the applicant reported ongoing complaints of low back pain. The applicant stated that her boyfriend had to do most of their household chores. The applicant stated that her standing tolerance to increased up to 20 minutes with medication consumption. The applicant was using Norco at a rate of three times daily. Norco was renewed, as was the rather proscriptive 15-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. In a letter dated October 9, 2014, the attending provider stated that he expected the applicant to continue on Norco, Relafen, and Ambien indefinitely for chronic musculoskeletal pain purposes. On October 10, 2014, the applicant reported 5/10 pain with medications versus 7 to 8/10 pain without medications. The applicant was having difficulty sleeping secondary to pain. Norco, Lunesta, and Ambien were continued while the same, unchanged, 15-pound lifting limitation was renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, on going management.

**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, however, the applicant did not appear to be working with a rather proscriptive 15 pound lifting limitation in place. While the attending provider did outline some reduction in pain scores reportedly effected as a result of ongoing opioid usage in his December 29, 2014 progress notes, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid usage. The attending provider has commented to the effect that the applicant's standing tolerance has been improved as a result of ongoing medication consumption on December 29, 2014 was outweighed by the applicant's seeming failure to return to work and the attending provider commented to the effect that the applicant's boyfriend was doing all of the couple's household chores owing to her pain complaints. Therefore, the request was not medically necessary.

**Norco 5/325 #90 Do not dispense until 1/29/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, on going management Page(s): 78.

**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, however, the applicant did not appear to be working with a rather proscriptive 15 pound lifting limitation in place. While the attending provider did outline some reduction in pain scores reportedly effected as a result of ongoing opioid usage in his December 29, 2014 progress notes, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid usage. The attending provider has commented to the effect that the applicant's standing tolerance has been improved as a result of ongoing medication consumption on December 29, 2014 was outweighed by the

applicant's seeming failure to return to work and the attending provider commented to the effect that the applicant's boyfriend was doing all of the couple's household chores owing to her pain complaints. Therefore, the request was not medically necessary.