

<b>Case Number:</b>	CM15-0110920		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	06/01/2001
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 1, 2001. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form and associated progress of May 11, 2015 in the determination. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant reported ongoing complaints of low back pain radiating to lower extremities. The applicant was on tramadol and Norco, it was acknowledged. The attending provider contended that the applicant's pain scores were reduced from 7/10 without medications to 3/10 with medications and suggested that the applicant was performing home exercises in unspecified amounts with the same. The applicant's medications included Zanaflex, Ultracet, and Elavil, it was reported in another section of the note. The attending provider stated toward the top of the note that the applicant had ceased Norco owing to complaints of sedation associated with the same. The note was very difficult to follow as it mingled historical issues with current issues. The applicant was not working and was receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation indemnity benefits, it was reported. Toward the bottom of the note, the attending provider stated that he was submitting a request for Norco while keeping the applicant off of work. On June 10, 2015, the attending provider appealed the previously denial of Norco, stating that the applicant had severe pain complaints and was not able to perform including basic activities such as sitting, standing, bending, and/or twisting. The attending provider contended that the applicant was spending most of the time lying down in the bed

secondary to pain. The applicant's medications included Zanaflex, Ultracet, Elavil, and Norco. The applicant was not working, it was acknowledged. The applicant was very restricted in his function owing to severe levels of pain, it was reported.

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

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

**Norco 10/325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines, an attending provider should incorporate some discussion of "side effects" into his recommendations. Here, portions of the attending provider's May 11, 2015 progress note stated that the applicant had to discontinue Norco owing to heightened sedation associated with the same. It was not clearly stated why the attending provider then went on to re-prescribe Norco toward the bottom of the note, as page 79 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the presence of continuing pain with the evidence of intolerable adverse effects represents grounds for discontinuation of opioid therapy. Finally, the applicant likewise failed to meet criteria set forth on page 80 of the Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which included evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and was receiving Social Security Disability Insurance (SSDI) benefits, it was reported on both May 11, 2015 and June 10, 2015. The applicant reported severe pain complaints on June 10, 2015 and reported difficulty performing even basic activities of daily living to include bending, sitting, standing, and walking. The applicant was largely bedridden secondary to pain, the treating provider suggested on June 10, 2015, despite ongoing Norco usage. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was stated on both dates. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.