

<b>Case Number:</b>	CM15-0111698		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 represented 58-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of June 4, 2014. In a Utilization Review report dated May 27, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. The claims administrator referenced a May 18, 2015 RFA form and associated May 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 25, 2015, the applicant was placed off of work, on total temporary disability. Norco and Lyrica were renewed. Epidural steroid injection therapy was sought. Little-to-no discussion of medication efficacy transpired. In a separate report dated March 25, 2015, the applicant stated that his pain complaints were heightened from visit to visit. The applicant reports difficulty sleeping secondary to pain. The applicant reported paresthesias about the legs. The applicant was severely obese, with a BMI of 38. The applicant was using both Norco and Tramadol, it was reported. Norco and Lyrica were renewed while the epidural steroid injection was sought. No seeming discussion of medication efficacy transpired on this date. In a progress note dated May 6, 2015, the applicant again reported ongoing complaints of low back pain radiating to the left leg. The applicant was severely obese, BMI of 39. Norco and Lyrica were again renewed while the applicant was kept off of work, on total temporary disability. Again, no seeming discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Hydrocodone-acetaminophen (Norco), 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 was off of work, on total temporary disability, it was reported on multiple progress notes of 2015, referenced above. The attending provider renewed Norco on multiple visits despite noting that the applicant's pain complaints were seemingly worse from visit to visit. The attending provider failed to outline meaningful or material improvements in function (if any) suspected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.