

<b>Case Number:</b>	CM15-0118710		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/10/2001
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 63-year-old who has filed a claim for chronic low back, neck, hand, and knee pain reportedly associated with an industrial injury of November 10, 2001. In a Utilization Review report dated June 5, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced progress notes of May 27, 2015 and April 20, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form of May 22, 2015, Norco was renewed. In an associated progress note of the same date, May 22, 2015, the applicant reported 3-4/10 neck pain with medications versus 3-4/10 neck pain without medications. The attending provider stated that the applicant's ability to perform light household chores had been ameliorated because of ongoing medication consumption. The applicant was using Norco, Paxil, Lunesta, Motrin, and benazepril, it was reported. The applicant had undergone multiple surgeries, including lumbar spine surgeries, shoulder surgeries, knee surgeries, and hand surgeries, it was reported. Norco was renewed. The applicant's work status was not detailed. On June 8, 2015, the applicant reported 4/10 pain with medications versus 6-7/10 pain without medications. The attending provider stated that the applicant's ability to perform light household chores and walk had been ameliorated because of ongoing medication consumption. Once again, the applicant's work status was not detailed. The applicant was again described as using Norco, Paxil, Lunesta, Motrin, and benazepril. The attending provider did state in one section of the note that the applicant's pain complaints were moderately interfering with his mood, sleeping patterns, and his ability to work, suggesting (but not clearly stated) that the applicant was not, in fact, working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Norco 10/325mg #80: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more); 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 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 because of the same. Here, the attending provider suggested that the applicant was not working on June 8, 2015 by reporting that the applicant's pain complaints were interfering with his ability to work and concentrate. While the attending provider did recount some reduction in pain scores from 6/10 without medications to 4/10 with medications on June 8, 2015, these reports were, however, outweighed by the applicant's seemingly failure to return to work and the attending provider's commentary to the effect that the applicant's ability to sleep, concentrate, work, interact with others was diminished owing to his ongoing pain complaints. The attending provider failed, in short, to identify meaningful or material improvements in function (if any) effected because of ongoing Norco usage. Therefore, the request was not medically necessary.