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| <b>Case Number:</b>   | CM15-0173619 |                              |            |
| <b>Date Assigned:</b> | 09/15/2015   | <b>Date of Injury:</b>       | 09/05/2003 |
| <b>Decision Date:</b> | 10/22/2015   | <b>UR Denial Date:</b>       | 08/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2015 |

### 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 35-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 1, 2003. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a July 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a 13-page progress note dated June 21, 2015, the attending provider seemingly contended that the applicant had profited from ongoing Norco usage. The applicant was using Norco at a rate of 6 times daily. The attending provider was on Norco, Zanaflex, quinine, and glucosamine-chondroitin, it was reported. The attending provider contended that the applicant was using Norco at a rate of 6 tablets a day and suggested that the applicant had been compliant with previously prescribed opioids since 2008. The applicant reported 50% pain relief from ongoing medication consumption and contended that ongoing usage of Norco was ameliorating her ability to perform activities of daily living. The applicant had quit smoking, it was reported. The attending provider contended in one section of the note that the applicant had returned to work as an order entry and customer services employee in one section of the note, while another section of the note contended that the applicant would return to work following delivery of her child. The note was quite difficult to follow, mingled historical issues with current issues but did seemingly suggest in several sections of the note that the applicant had ultimately returned to work following earlier lumbar spine surgery. On July 29, 2015, it was reported that the applicant was still working and employed as an accounts receivable clerk. On July 12, 2015, the attending provider reported that the applicant was currently working on a full-time basis. The attending provider again reiterated that the applicant was profiting from ongoing medication consumption.

## 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: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Yes, the request for Norco, a short-acting opioid, is medically necessary, medically appropriate, and 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 was working, it was reported on office visits of July 12, 2015, July 29, 2015, and June 21, 2015. The prescribing provider stated on several occasions that the applicant was deriving 50% analgesia from ongoing medication consumption and reiterated that ongoing usage of Norco had facilitated the applicant's return to and/or maintenance of full-time work status. The applicant was reportedly deriving 50% analgesia from ongoing medication consumption, it was stated on June 21, 2015. It did appear, in short, that the applicant was profiting from ongoing Norco usage. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.