

<b>Case Number:</b>	CM15-0179661		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 69-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 29, 2000. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on August 25, 2015 in its determination. The applicant's attorney subsequently appealed. On July 21, 2015, the applicant reported highly variable 4-8/10 low back pain complaints. The applicant reportedly had issues with worsening COPD, it was stated in another section of the note despite the applicant's having ceased smoking in 2010. Norco was continued. The applicant's work status was not detailed. On June 30, 2015, the applicant again reported highly variable 4-8/10 pain complaints. The applicant was using Norco at a rate of 5-6 tablets daily, it was reported. The treating provider stated that Norco was beneficial in attenuating the applicant's pain complaints. Norco was renewed and/or continued. Once again, the applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 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's work status was not reported on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. While the treating provider did outline some reduction of pain scores reportedly achieved as a result of ongoing Norco usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing usage of Norco. Therefore, the request was not medically necessary.