

<b>Case Number:</b>	CM15-0046371		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/06/2000
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 45-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 6, 2000. In a Utilization Review Report dated February 11, 2015, the claims administrator partially approved/conditionally approved a request for Norco, seemingly for weaning purposes. A December 6, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported ongoing complaints of low back pain, 6-8/10 pain. The applicant was using baclofen, Norco, Neurontin, Klonopin, and Cymbalta, it was acknowledged. In another section of note, it was stated that the applicant did have some suicidal ideation from time to time. The applicant reports 6-8/10 pain with medications versus 9/10 pain without medications. The applicant had undergone earlier failed lumbar fusion surgery, it was acknowledged. Norco was renewed, as were the applicant's permanent work restrictions. The applicant did not appear to be working with said permanent limitations in place. An earlier progress note dated April 4, 2014 also suggested that the applicant had ongoing issues of chronic low back pain, 6-8/10, with attendant complaints of sleep disturbance and psychological distress. Permanent work restrictions, Norco, Colace, and baclofen were renewed. Once again, it did not appear that the applicant was working with previously imposed permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

**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 as a result of the same. Here, however, the applicant's work status was not clearly outlined on December 16, 2014. However, the applicant did not appear to be working with previously imposed permanent work restrictions. The applicant continued to report pain complaints in 6-8/10 range, despite ongoing medication consumption. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

**Norco 10/325mg #90 (do not fill until 01/13/2015):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

**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 as a result of the same. Here, however, the applicant's work status was not clearly outlined on December 16, 2014. However, the applicant did not appear to be working with previously imposed permanent work restrictions. The applicant continued to report pain complaints in 6-8/10 range, despite ongoing medication consumption. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.