

<b>Case Number:</b>	CM15-0063864		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 39-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 5, 2011. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a progress note of February 24, 2015 and RFA form of March 5, 2015 in its determination. The applicant's attorney subsequently appealed. On December 9, 2014, the applicant reported ongoing complaints of low back pain, 4/10 with medications. The applicant was using Norco four times daily, Flexeril nightly, Prilosec daily, Cymbalta twice daily, and Flector patches twice daily, it was acknowledged, owing to ongoing complaints of low back, neck, foot, and ankle pain. The applicant had electro-diagnostically confirmed radiculopathy. A rather proscriptive 10-pound lifting limitation was renewed. It was stated that the applicant was not working with said limitation in place. On March 31, 2015, the attending provider apparently dispensed Norco, Flexeril, and Prilosec. In a progress note dated March 24, 2015, the applicant reported ongoing complaints of low back pain, 4-5/10 with medications. The attending provider stated that the applicant's medications were allowing him to perform activities of daily living. This was not elaborated or expounded upon. The attending provider seemingly suggested that the applicant would be immobile without his medications, which included Norco, Flexeril, Prilosec, Colace, Fetzima, Flector, Desyrel, and other unspecified psychotropic medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 10-325mg PO QID PRN # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, the applicant was no longer working, it was reported on multiple occasions, including on March 24, 2015. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful, material, or significant improvements in function effected as a result of ongoing Norco usage (if any). The attending provider commented to the effect that the applicant will be immobile without his medications. This does not, in and off itself, constitute evidence of a meaningful material improvement of function affected as a result of the same. Therefore, the request was not medically necessary.