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| <b>Case Number:</b>   | CM15-0065174 |                              |            |
| <b>Date Assigned:</b> | 04/14/2015   | <b>Date of Injury:</b>       | 05/03/2011 |
| <b>Decision Date:</b> | 05/12/2015   | <b>UR Denial Date:</b>       | 03/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/06/2015 |

### 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 32-year-old who has filed a claim for chronic low back, wrist, and foot pain reportedly associated with an industrial injury of May 3, 2011. In a Utilization Review report dated March 8, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on March 7, 2015 in its determination. The applicant's attorney subsequently appealed. On March 26, 2015, the applicant reported ongoing complaints of low back, wrist, lower extremity, ankle, and foot pain. The applicant was using a cane to move about. The applicant was using ankle foot orthosis. The applicant was using Norco at a rate of eight tablets a day. The attending provider stated that the applicant would have difficulty ambulating and/or moving about without his medications. A replacement cane, Norco, and permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. On February 23, 2015, the applicant's permanent work restrictions, Norco, and Voltaren were again renewed. Once again, it was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg (240 tabs): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 was seemingly not working following imposition of permanent work restrictions. While the attending provider did recount some reported reduction in pain scores reportedly effected as a result of ongoing Norco usage, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The applicant's continued reports of difficulty ambulating, using a cane to move about, etc., coupled with the applicant's seeming failure to return to work, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.