

<b>Case Number:</b>	CM15-0066200		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 59-year-old who has filed a claim for chronic shoulder, neck, wrist, forearm, and hand pain reportedly associated with an industrial injury of February 22, 2011. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve a request for Norco. A March 3, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On March 3, 2015, the applicant reported ongoing complaints of hand, wrist, elbow, and forearm. The applicant's medication list included Paxil, Flexeril, Zestril, Levoxyl, Tenormin, Norco, Desyrel and Naprosyn, it was stated. The applicant was using Naprosyn at a rate of thrice daily, it was stated. Sitting, standing, lifting, and twisting remains problematic, the treating provider reported. The applicant was not working and had been deemed disabled it was acknowledged. Norco was nevertheless refilled. The treating provider stated that the applicant's usage of Norco was ameliorating her ability to dress herself and perform activities of self care. Permanent work restrictions were renewed, although it was acknowledged that the applicant was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 prescribed on 3/3/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

**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 off of work as of March 3, 2015 progress note in question. The applicant was receiving both Worker's Compensation Indemnity Benefits and Disability Insurance Benefits, the treating provider acknowledged. The treating provider's commentary to the effect that the applicant's ability to perform activities of self care and personal hygiene, such as dressing herself, with ongoing medication consumption, did not, however, constitute evidence of a meaningful or material improvement in function effected as a result of the ongoing opioid therapy and was, furthermore, outweighed by the applicant's failure to return to work. Therefore, the request was not medically necessary.