

<b>Case Number:</b>	CM15-0071481		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 47-year-old who has filed a claim for chronic low back, wrist, and hip pain reportedly associated with an industrial injury of July 21, 2012. In a Utilization Review report dated March 24, 2015, the claims administrator approved requests for Voltaren gel and Pamelor while denying a request for Norco. The claims administrator referenced a RFA form dated March 18, 2015 in its determination. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported 8/10, wrist, mid back, and low back pain, on average. The applicant's pain complaints were improved by nothing, the treating provider reported. The applicant's medications included Norco, Pamelor, and Voltaren gel, it was stated in another section of the note. The applicant was not working, it was acknowledged. Pamelor and Norco were endorsed. The attending provider stated at the bottom of the report that the applicant's ability to walk had been improved as a result of ongoing medication consumption. On February 16, 2015, the applicant was again described as not working. Ongoing complaints of 8/10 wrist, hand, and low back pain were reported. The applicant reported difficulty with pain-induced insomnia. The applicant was severely obese, with BMI of 35. The applicant was given prescriptions for Pamelor, Norco, and Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**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, it was acknowledged, on total temporary disability, as of multiple progress notes of early 2015, referenced above. The applicant continued to report difficulty-performing activities of daily living as basic as standing and walking, despite ongoing Norco usage. In a progress note of March 12, 2015, the applicant reported that nothing was alleviating her pain complaints, implying that ongoing usage of Norco was not, in fact, successful. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request is not medically necessary.