

<b>Case Number:</b>	CM15-0095202		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### **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 60-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 8, 2013. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve a request for Norco. A RFA form received on April 15, 2015 and an associated progress note of April 13, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a work status report dated November 4, 2014, the applicant was placed off of work, on total temporary disability. On October 10, 2014, the applicant reported 8-10/10 low back pain radiating to the right lower extremity. The applicant was using Norco, Advil, and topical Terocin, it was acknowledged, all of which were continued and/or renewed while the applicant was placed off of work. In a work status report dated March 2, 2015, the applicant was placed off of work, on total temporary disability. In a February 2, 2015 progress note, the applicant reported 10/10 low back pain radiating into the right leg. Multidisciplinary evaluation, Neurontin, and Norco were continued while the applicant was seemingly kept off of work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10-325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Steps to Take Before a Therapeutic Trial of Opioids; Opioids: Initiating Therapy Page(s): 91, 76, 77.

**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, on total temporary disability, it was acknowledged on multiple progress notes of late 2014 and early 2015, referenced above. The applicant continued to report pain complaints as high as 8-10/10, despite ongoing Norco usage. The attending provider failed to outline evidence of meaningful or material improvements in function (if any) as a result of ongoing Norco usage. Therefore, the request was not medically necessary.