

<b>Case Number:</b>	CM15-0098812		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/16/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 61-year-old who has filed a claim for chronic elbow and knee pain reportedly associated with an industrial injury of March 16, 2010. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a RFA form received on April 21, 2015 in its determination. The applicant's attorney subsequently appealed. On February 26, 2015, the applicant reported ongoing complaints of elbow pain status post elbow corticosteroid injection therapy in January 2014. The note was very difficult to follow and mingled historical issues with current issue. The applicant was apparently using Norco and oxycodone, it was suggested. The attending provider stated that these medications were helpful. The attending provider then stated that the applicant would likely be bedridden without his medications. The applicant's medications include OxyContin, oxycodone, Seroquel, Doxepin, Norco, Lidoderm, Klonopin, it was reported. Various oral pharmaceuticals were renewed, along with topical compounded agents. The applicant's work status was not specified, although it did not appear that the applicant was working. On March 18, 2015, the applicant was reportedly worsened. Moderate pain complaints were noted in one section of the note. The note was very difficult to follow. In some sections of the report, the applicant was referenced to as "he" and then referred to in some sections of the report as "she". The attending provider stated that the applicant's medications were beneficial by 60 percent to 70 percent. The applicant stated that he would be bedridden without his medications. The applicant was asked to follow up with an orthopedic elbow surgeon. The applicant was described as a "qualified injured worker" suggesting that the applicant was not, in fact, working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain, opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, On-Going Management Page(s): 80; 78.

**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. The applicant had been deemed a qualified injured worker; it was suggested on a progress note of March 18, 2015. While the attending provider did recount that reported reduction in pain scores effected as a result of ongoing medications consumption, these reports were, however, outweighed by the applicant's failure to return to work and attending provider's commentary to the fact that the applicant's pain complaints were worsening as of March 18, 2015. The attending provider's commentary to the fact that the applicant will be bedridden without his medications likewise did not constitute evidence of a meaningful, material, or substantive improvement in function effected as result of ongoing Norco usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not establish a clear or compelling role for concurrent usage of two separate short acting opioids, Norco and immediate release oxycodone. Therefore, the request was not medically necessary.