

<b>Case Number:</b>	CM14-0079338		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/30/2004
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 low back pain (LBP) reportedly associated with an industrial injury of November 30, 2004. In a utilization review report dated May 9, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on April 29, 2014 in its determination. The claims administrator did not seemingly incorporate any guidelines into its rationale, however. The applicant's attorney subsequently appealed. On an RFA form dated April 18, 2014, Norco, Fexmid, Zofran, and clonidine were endorsed. On an associated progress note of April 18, 2014, the treating provider acknowledged that the applicant was preoccupied with his physical complaints and had "no plan to return to work due to his current mental and physical condition." The applicant's medication list included MS Contin, Norco, OxyContin, Wellbutrin, Savella, Lexapro, and Cymbalta, it was reported. The treating provider contended that the applicant's medications were needed for the applicant to maintain his current lifestyle. 8/10 pain complaints were noted. Activities of daily living as basic as bending, twisting, and turning remained problematic, the treating provider reported. The applicant received multiple medication renewals, including renewals of MS Contin, Norco, Zofran, and Catapres. Trigger point injections were performed in the clinic. Synvisc injections were sought. The applicant was seemingly kept off of work. The applicant had undergone an earlier failed lumbar fusion procedure, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**300 Tablets of Norco 10/325mg, 10 tablets a day: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006. Physician's Desk Reference, 68th ed. www.RxList.com Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

**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 treating provider reported on the April 18, 2014 office visit at issue. The applicant was described as preoccupied with his pain complaints on that date and had "no plan to return to work," the treating provider reported on April 18, 2014. The applicant was using a cane to move about. 8/10 pain complaints were noted. Activities of daily living as basic as bending, twisting, turning, and walking remained problematic, the treating provider stated on that date. It did not appear that the applicant had profited appreciably from ongoing Norco use in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. It is further noted that the applicant's consumption of MS Contin 30 mg at a rate of four times daily plus Norco 10/325 at a rate of 10 tablets daily, taken together, represented a total morphine equivalent dose of 220 mg daily, per page 87 of the MTUS Chronic Pain Medical Treatment Guidelines, i.e., well in excess of the 120 mg oral morphine equivalents daily limit for opioid usage set forth on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Additionally, the treating provider reported on April 18, 2014 that the applicant was also using OxyContin on a p.r.n. basis and was, thus, in all likelihood, receiving an overall morphine equivalent dose in excess of 220 morphine equivalents, i.e., again, well in excess of MTUS parameters. Therefore, the request was not medically necessary.