

<b>Case Number:</b>	CM13-0042302		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/14/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of acupuncture over the life of the claim; and topical agents. In a Utilization Review Report of October 11, 2013, the claims administrator denied a request for Norco. The applicant's attorney subsequently appealed. An October 7, 2013 progress note is notable for comments that the applicant reports ongoing neck, low back, and bilateral shoulder pain, 4/10 with medications and 9/10 without medications. The applicant, however, is reportedly limited in several areas, including self-care, personal hygiene, activity, ambulation, hand function, and sleep. The applicant is in moderate distress. Lumbar tenderness is noted. The applicant is given prescriptions for acupuncture, Motrin, Lidoderm, and Norco. A September 26, 2013 is notable for comments that the applicant is off of work, on total temporary disability. On that date, the applicant stated that she was taking Norco and Motrin but that these were not helping. She stated her overall level of pain was 7/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR PRESCRIPTION OF HYDROCODONE/APAP 10/325MG #21:**  
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 Opioids  
Page(s): 80.

**Decision rationale:** Hydrocodone-acetaminophen is an opioid. 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 reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work, on total temporary disability. The applicant has failed to return to work, several years removed from the date of injury. The applicant is seemingly limited in terms of performance of even basic activities of daily living, such as self-care and personal hygiene. On some visits, including a September 26, 2013 office visit, it is noted that the applicant is not even achieving the requisite analgesia with ongoing Norco usage. Continuing the same, on balance, is not indicated. Therefore, the request is not certified.