

<b>Case Number:</b>	CM13-0055587		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 patient is a 42 year old male, injured on 8/6/2012 while working in a 'cultural training' environment. He was apparently attacked and beaten by other men. He subsequently complained of upper and lower back pain, leg pain, shoulder and knee pain, anxiety, stress. Examination reveals pain and tenderness to the above areas as well as an antalgic gait. Imaging studies are abnormal. He has been treated by Pain Management with ESIs and multiple medications including Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/BIT/APAP 5/325, #30 MS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria Page(s): 76-80.

**Decision rationale:** In the case of this injured worker, there is appropriate monitoring for aberrant behaviors as evidenced by the urine drug screen performed on 10/14/13, which was consistent. The patient is on non-narcotic, adjuvant medications as well including NSAIDs and Flexeril. The patient has documentation of Norco decreasing his pain in multiple progress notes,

including one dated 11/21/2013. Functionally, the medication helps him to fall asleep more easily. Given this, monitoring of 4 A's of opioid use is satisfied, as per guidelines, and Norco is medically indicated.