

<b>Case Number:</b>	CM13-0069067		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 49 year-old male who reported an injury on 07/18/2011 and the mechanism of injury was from a motor vehicle accident. The current diagnosis is neck pain, thoracic pain, low back pain, leg pain, costovertebral osteoarthritis, thoracic vertebral fracture and lumbar mechanical pain. The injured worker continued to have chronic pain in his back and down the right leg. The pain was noted at 3/10. The clinical note from 10/03/2013 indicated that no physical adjustments are positioning seems to help the pain. The injured worker indicated that the pain is worse with sitting and walking. On the physical exam, the physician noted the injured worker had stiffness in the cervicothoracic, thoracic and the thoracolumbar regions. The injured worker walked with a stiff and flat back with increased pain in the upper back with abduction and elevation of the upper extremities. The physician noted that the injured worker had ongoing mechanical pain and possible radicular/myelopathic pain components on a chronic basis post his fractures and surgical treatment. The current treatment plan included to continue hydrocodone 2.5/325 (norco) one table by mouth up to 3 times a day as needed for pain control. The request is for hydrocodone 2.5/325mg (norco) tablet 1 by mouth up to 3 times a day #60 dated 11/27/2013 to help with pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 2.5/325MG (NORCO) TABLET 1 BY MOUTH UP TO 3 TIMES A DAY #60:** Upheld

**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 Ongoing Management Hydrocodone/Acetaminophen Page(s): 78; 91.

**Decision rationale:** The California MTUS recommend that there should be documentation of the 4 A's for ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The California MTUS states hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's. The injured worker is noted to have continued chronic pain ongoing mechanical pain and possible radicular/myelopathic pain components on a chronic basis post his fractures and surgical treatment. However, the documentation fails to provide information to indicate if the hydrocodone is effective in controlling the pain and if he is more functional with his activities of daily living while taking the medication. Therefore, the request for hydrocodone 2.5/325mg (norco) tablet 1 by mouth up to 3 times a day #60 is not medically necessary.