

<b>Case Number:</b>	CM13-0070044		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 is a represented [REDACTED] employee who has filed a claim for chronic knee pain syndrome reportedly associated with an industrial injury of February 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapies; and extensive periods of time off of work. In a Utilization Review Report dated December 3, 2013, the claims administrator partial certified a request for hydrocodone-acetaminophen, reportedly for weaning purposes. The MTUS Chronic Pain Medical Treatment Guidelines were cited but not directly incorporated into the utilization review report rationale. The applicant's attorney subsequently appealed. A March 21, 2014 progress note was notable for comments that the applicant had persistent complaints of low back pain. The applicant was using Norco and Soma for pain relief. It was stated that the applicant was using eight tablets of Norco daily. The applicant exhibits tenderness about the cervical and lumbar paraspinal musculature. The applicant was placed off of work, on total temporary disability, while Motrin and Norco were renewed. The applicant is asked to continue Norco at a rate of eight tablets a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE-ACETAMINOPHEN 10-325 MG, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, these criteria are not, quite clearly, been met. The applicant remains off of work, on total temporary disability. The applicant's pain complaints appear to be heightened, as opposed to reduced, despite ever-increasing amounts of Norco consumption. There is no evidence that any specific activities of daily living have been ameliorated as a result of ongoing hydrocodone-acetaminophen usage. Therefore, the request is not medically necessary.