

<b>Case Number:</b>	CM13-0071244		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 74-year-old male who suffered a work-related injury on 2/18/11. Since then, this gentleman has suffered from severe back problems and has been treated with the variety of medications including hydrocodone, Ultram, gabapentin and aspirin. He has a spinal cord stimulator for pain control. His physician recommended Norco 10/325 one tablet 3 times daily #60 on 12/9/13. A medical reviewer did not certify the use of this medication based on the MTUS guidelines. Another review has been requested by the treating physician and patient for consideration of this medication to be used for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids page 76

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 128/611..

**Decision rationale:** The patient is elderly, prone to side effects particularly opiates. He has been presently taking several other medications including high dose tramadol and gabapentin. Combination of opiates such as hydrocodone and tramadol may increase the risk of seizure in

this patient. There is also no clear-cut guideline or evidence that polypharmacy for pain management is more effective than a single analgesic.