

<b>Case Number:</b>	CM14-0008533		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	06/27/2002
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 injured worker is a 55 year old male with reported date of injury on June 27, 2002. The injured has a history of chronic neck and low back pain, radiating pain in the left upper extremity with numbness and tingling, left shoulder pain, left wrist and hand pain with tingling and numbness and left knee pain. Objectively, he is noted to have decreased cervical and lumbar range of motion (ROM) in all planes with spasms. Left knee range of motion (ROM) was also decreased in flexion and extension. Sensation was decreased in the left C6-8 dermatomes. A prior determination dated December 31, 2013 noncertified the request for Lortab and certified the request for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORTAB 7.5 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Norco, a short-acting opioid is indicated for the treatment of moderate to moderately severe pain. Guidelines indicate "four domains have been proposed as most relevant

for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The progress reports do not reflect there has been any notable pain relief and improved function with chronic use of opioids. Ongoing opioid use requires ongoing review and documentation of pain relief, functional status and appropriate medications use and side effects. The guidelines do not support continuing opioid therapy in the absence of benefit with use. If there is no overall improvement in function, the opioids should be discontinued. Therefore, the request for Lortab is not medically necessary.