

<b>Case Number:</b>	CM14-0008538		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicates that this 60-year-old female was injured on March 2005. The mechanism of injury is not indicated. There are several medications that have been certified to include Lyrica for the ongoing diagnosis of neck pain. An MRI (magnetic resonance imaging) of the cervical spine was obtained. Multiple level disc bulges were noted, associated with degenerative facet joint disease. A pain management consultation was completed as well. This study noted right shoulder symptoms and a right shoulder and knee arthroplasty as having been completed. The medication hydrocodone was not certified as being clinically indicated. The progress note dated November 18, 2013 indicated ongoing low back pain and that the injured worker "cannot get comfortable." Pain in the bilateral upper extremities and low back were noted. There is a repeat non-certification of the medication Tramadol, noting ongoing complaints of pain (9/10 on the visual analog scale) involving the bilateral upper extremities and low back. An overuse of the medication Norco was discussed. It was noted that narcotic medications should be discontinued if there is no evidence of improved function or pain relief. Epidural steroid injections and lumbar facet median branch blocks were also completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PRESCRIPTION OF HYDROCODONE/APAP 10/325MG. # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab)..

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

**Decision rationale:** This medication is a short-acting opioid combination of hydrocodone and acetaminophen. The morphine equivalent dose (MED) is 10mg per day and the acetaminophen load is 650mg daily. It is not noted that there is an opioid agreement and/or if appropriate urine drug screening has been completed. Furthermore, there is no noted efficacy as the pain level continues to be 9 out of 10 as a result of the facet joint injections and not of any daily opioid ingestion. There is no noted decrease in pain complaints and no ability or implied desire to return to work. The ongoing use of this medication is not supported by Chronic Pain Medical Treatment Guidelines. As such, the request is not certified.