

<b>Case Number:</b>	CM14-0009925		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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:

This is a 34-year-old female with a date of injury of 1/15/10. The mechanism of injury was not provided. In the most recent progress report dated 12/3/13, she stated that her neck, mid-back, and low back pain are improving. She rated her back and leg complaints an 8/10 on the pain scale and rated her neck and arm complaints a 5/10 on the pain scale. On exam, there was palpable right lumbar paraspinal spasm and 3 palpable trigger point nodules in the right lumbar paraspinal region. Her gait was normal. There was diffuse tenderness to palpation of the cervical and lumbar spines. Diagnostic impression: HNP at C5-6 with canal stenosis, cervical and lumbar myofascial pain, HNP with bilateral foraminal stenosis at L3-4 and L4-5, medication-induced gastritis, trigger points with symptomatic improvement after trigger point injections, right sacroiliitis. Treatment to date: Medication management, activity modification, chiropractic treatment. A UR decision dated 1/9/14 modified Norco decreasing the quantity from 120 to 80 tablets because there was little or no evidence of improved functioning and pain with this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325MG #120:** Overturned

**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 9792.24.2  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A UR decision dated 1/9/14 modified the quantity of Norco from 120 to 80 tablets for the purposes of weaning, stating that there were no functional gains. However documentation from 12/12/13 shows the patient is having less pain, has improvement with activities such as sitting, standing, and walking, and denies side effects from the medications. She states in multiple reports that her medications continue to decrease her pain and normalize her function. In a report dated 9/17/13, the patient specifically states that Norco helps decrease her pain from an 8/10 to a 5/10 on the pain scale, and it also helps improve her activity level and is able to sit longer, stand longer, and walk longer. Furthermore, the documentation shows evidence of urine drug screens, which are consistent with hydrocodone use as well as CURES monitoring. Therefore, the request for Hydrocodone/APAP 10/325 mg #120 was medically necessary.