

<b>Case Number:</b>	CM14-0105633		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/23/2004
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 51-year-old male with a 6/23/04 date of injury. The mechanism of injury occurred when he was lifting a box of tiles which weighed about 50 pounds and injured his low back. According to an appeal note dated 7/8/14, the patient complained of a flare up of his low back and radiating left lower extremity pain. He reported numbness and pain in the left leg. The provider stated that he had used Norco in the past, 3 to 4 tablets a day and had reported that it was too strong for him and felt sedated with it. He was switched to Tramadol/APAP but did not find it to be effective. The provider is requesting Norco at a lower dose, 1 or 2 tablets a day as needed. He last filled his Norco prescription in 1/2013 and found that it improved his pain and function. He stated that with the use of the medication, he was able to have better function and activities of daily living. He was also able to walk for about 1 more mile with the use of Norco and was able to receive 80% pain relief. He stated that the sedation was intermittent and when he did have it, it was mild. Objective findings: antalgic gait, decreased lordosis, lumbar extension 10 degrees, lumbar flexion 40 degrees, straight leg raise positive on left, spasm and guarding noted in the lumbar spine lumbosacral junction. Diagnostic impression: Treatment to date: medication management, activity modification, physical therapy, acupuncture, massage therapy, ESI.A UR decision dated 6/27/14 denied the request for Norco. Proceeding with a reintroduction of Norco does not appear to be medically appropriate for the patient at this time. The patient had used Norco in the past but discontinued use due to complaints of the medication being too strong and sedation with use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Hydrocodone/APAP (acetaminophen) 10/325mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Outcome Measures; When to Discontinue O.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. According to an appeal note dated 7/8/14, the provider stated that with the use of the medication, the patient had improved pain and function. He was able to have better function and activities of daily living. He was also able to walk for about 1 more mile with the use of Norco and was able to receive 80% pain relief. He stated that the sedation was intermittent and when he did have it, it was mild. Guidelines support the use of opioid medications with documented pain improvement and functional gains. Therefore, the request for 1 Prescription of Hydrocodone/APAP (acetaminophen) 10/325mg #90 was medically necessary.