

<b>Case Number:</b>	CM14-0010060		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/09/2004
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 57-year-old male with a date of injury on 02/09/2004. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of aching in his low back. The injured worker rates his pain at 5-6/10 with medication. The injured worker's lumbar range of motion represented flexion to 40 degrees, extension to 30 degrees and right and left tilt to 10 degrees. According to the documentation dated 02/12/2014, the injured worker underwent x-rays which revealed no suggestion of erosion of the fusion mass. The injured worker's diagnoses include trigger points, lumbar myofascial syndrome, status post arthrodesis and possible residual fluid collection. The injured worker's medication regimen included hydrocodone. The Request for Authorization of hydrocodone/APAP 10/325 mg #90 with 3 refills was submitted on 01/17/2014. The physician stated that the Norco is prescribed to decrease the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325MG #90 WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines the ongoing management of opioid use should include the lowest possible dose prescribed to improve pain and function. In addition, the documentation should include ongoing review of pain relief, functional status, appropriate medication use and side effects. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. The documentation did state that the utilization of Norco provides relief with the injured worker's moderate to severe pain. There is a lack of documentation regarding the injured worker's pain before taking opioids. The clinical information provided for review lacks documentation of objective findings of increased functional ability and quality of life. In addition the request as submitted failed to provide frequency at which the medication was to be utilized. Therefore, the request for hydrocodone/APAP 10/325mg #90 with refills is not medically necessary and appropriate.