

<b>Case Number:</b>	CM14-0013549		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/03/2007
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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:

Patient is a 46-year-old female who has submitted a claim for knee osteoarthritis, lumbar spine spondylosis, bilateral carpal tunnel syndrome, and status post bilateral total hip Arthroplasty associated with an industrial injury date of 04/03/2007. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the lumbar spine, both hips, both knees, and both wrists. Aggravating factors included excessive activity and during prolonged positions. Numbness and tingling sensation of both hands were noted. Physical examination showed tenderness and muscle spasm of the lumbar spine. Knee effusion bilaterally was noted. Range of motion was restricted at lumbar spine and both hips. Motor, reflex, and sensory exam were normal. Treatment to date has included bilateral total hip Arthroplasty, and medications such as Cyclobenzaprine, Hydrocodone, Colace, Omeprazole, and topical drugs. Utilization review from 01/13/2014 modified the request for Norco (Hydrocodone/apap) 7.5/325 mg x 60 into #30 because of no evidence of measurable analgesic or functional benefits from its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO (HYDROCODONE/APAP) 7.5/325 MG X60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since June 2013 with reported pain relief upon its use. However, there was no documentation concerning functional improvement or possible adverse effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco (Hydrocodone/APAP) 7.5/325 Mg X60 is not medically necessary.