

<b>Case Number:</b>	CM14-0014318		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/11/2007
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Geriatrics and is licensed to practice in New York. 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 41 year old man with a date of injury of 4/11/07. He was seen by his provider on 8/20/13 (most recent note in available records). He had persistent low back pain with radiation to his right leg and had recent right knee surgery. His medications were helping the pain and he was requesting refills. His exam showed spasms in the lumbar paraspinal muscles with a straight leg raise causing pain with radiation to his right leg. He had dysesthesia to light touch in the right L5 dermatome. His diagnoses were low back pain, lumbar and sacral osteoarthritis and sciatica. At issue in this review is the refill of Hydrocodone (Norco). In 8/13, he was also taking Carisoprodol, Methadone, Omeprazole, Docusate Sodium, Trazodone and Medrox cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 (Norco) 1 Tablet Every 8 Hours as Needed, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** This 41 year old injured worker has chronic back pain with an injury sustained in 2007. His medical course has included ongoing use of numerous medications including narcotics, muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/13 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. Therefore, this request for Hydrocodone is not medically necessary.