

<b>Case Number:</b>	CM14-0135674		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/05/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on 7/5/2010. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 8/11/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination from 5/20/2014 was the most recent documented physical examination, which stated positive tenderness to palpation over the paravertebral spine. No recent diagnostic studies are available for review. Previous treatment included medications, and conservative treatment. A request had been made for Hydrocodone/APAP 10/325 mg # 240 and was not certified in the pre-authorization process on 7/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP Tab 10-325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for

intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury in 2010. However, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.