

<b>Case Number:</b>	CM14-0136175		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 58-year old female with a date of injury of 4/13/13. The mechanism of injury occurred when she fell backward and hit her back on a nightstand while assisting a client with a broken hip. On 7/7/14 she was seen for follow up of her low back. She complained of feeling nauseous when she lies down and has difficulty sleeping. She awaits authorization for an epidural steroid injection for her right L5 and S1 nerve roots. Her current meds include Norco 7.5/325mg four times a day for pain, Flexeril, and LidoPro cream. She rates her back pain 7/10. The pain is burning, stabbing and numbness in her mid-back, which radiates down her right leg. It was noted she has had no physical therapy to date. On exam she has TTP of the lumbar spine extending into the bilateral paraspinal region right greater than left. The range of motion of the spine is restricted. The range of motion of the left knee is restricted. The diagnostic impression is HNP of the lumbar spine, lumbar radiculopathy, and HNP of the thoracic spine. Treatment to date: chiropractic therapy, medication management. A UR decision dated 7/25/14 denied the request for Hydrocodone/APAP 10/325mg (Norco) #120. The request for Norco was denied because the patient has a history of Norco use since at least 2/2014, without evidence of functional improvement. Despite previous long-term use, mid back and radicular low back pain continued, with worsening pain and without any significant benefit or measurable functional improvement to the patient. The patient was also denied numerous requests for Norco due to lack of evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone /APAP 10/325mg, QTY: 120:** 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 Opiates 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. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There were no urine drug screens noted. There is no documentation of CURES Report or an opiate pain contract. Therefore, the request for Hydrocodone/APAP 10/325mg #120 was not medically necessary.