

<b>Case Number:</b>	CM14-0168181		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	02/05/2002
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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:

The injured worker is a represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 12, 2002. Thus far, the injured worker has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 2, 2014, the claims administrator denied a request for Hydrocodone-acetaminophen (Norco), stating that the injured worker had failed to improve with the same. The injured worker's attorney subsequently appealed. In an October 29, 2012 progress note, the injured worker reported 7/10 low back pain. Ancillary complaints of neck and shoulder pain were also evident. The injured worker was also using Celebrex at that point in time. The injured worker's work status was not clearly stated. In a June 22, 2004 medical-legal evaluation, the injured worker was given permanent work restrictions. The injured worker had not worked since March 2002, it was acknowledged. In an October 28, 2014 progress note, the injured worker reported ongoing complaints of 8/10 neck, low back, and shoulder pain. The attending provider stated that the injured worker was experiencing some relief with medications but did not quantify the extent of the same. The injured worker's BMI was 21. Unspecified medications were refilled. The injured worker's work status was not clearly stated. In a July 29, 2014 work status report, the injured worker was described as "unable to return to work." Norco was refilled. On September 24, 2014, the injured worker presented to obtain a refill of Norco. Persistent pain complaints were noted, 8/10. It was stated that the injured worker would lie in bed when his pain levels were worse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg #240 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker has failed to return to work. The injured worker continues to report pain complaints scored at 7-8/10 or greater, despite ongoing Norco usage. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing Norco usage. Based on the guidelines and medical evidence provided, this request is not medically necessary.