

<b>Case Number:</b>	CM14-0185471		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	04/19/2001
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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, has a subspecialty in Pain 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 male patient with a date of injury of April 19, 2001. A utilization review determination dated October 13, 2014 recommends non-certification of hydrocodone-acetaminophen 10-325 mg #180. A progress note dated September 15, 2014 identifies subjective complaints of chronic thoracic pain, the patient states that he is doing poorly, and he continues to have persistent pain in the mid back that radiates around his ribs. The patient also has chronic low back pain with a herniated disc. He is taking multiple medications for both the mid back and low back pain. The patient continues to take Norco 10 mg, he takes 2 and gets noticeable relief for about 30 minutes, and he has to repeat three times a day. The patient states he would like to take more Norco and he reports that he is having a hard time because he is running out of pills. The patient's pain level is a 7. The physical examination reveals tenderness in the mid thoracic region primarily on the right side and mild lower back pain. The diagnosis is chronic thoracic pain. The treatment plan identifies that the patient would like to have more medication, the prescribing physician advised him to take less, the prescribing physician is going to allow the patient to remain on six a day of Norco with four refills. A urine drug screen will be checked on the next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone Acetaminophen 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Page(s): 110.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen) 10-325mg #180, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) 10-325mg #180 is not medically necessary.