

<b>Case Number:</b>	CM14-0030914		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Texas and Oklahoma. 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 42-year-old male who reported an injury on 05/29/2010. The mechanism of injury was reported as a fall. In the clinical note dated 12/18/2013, it was noted that the injured worker continued to have the same symptoms of severe depression with insomnia, decreased severe concentration, and severe constant stabbing neck pain rated 8-9/10 shooting to the shoulders and left arm. It was noted that the injured worker had mid and low back pain rated 10/10 and daily diffuse throbbing headaches with left ear constant noise and tinnitus. It was also noted that the injured worker had pain and numbness to his left fingers and hand. The physical examination of the cervical spine revealed severe paraspinal spasm elicited upon palpation and decreased range of motion by 50% in all planes. The physical examination of the lumbar spine revealed severe paraspinal spasm elicited upon palpation and decreased range of motion by 50% in all planes. The diagnoses included CV1/epidural hematoma, concussion/PCS/vertiginous syndrome, left tinnitus/hearing loss, concussion/closed head injury/postconcussion syndrome, anxiety/depression, and tendonitis. Prior treatments included diagnostic studies, prescribed medications, facet blocks and past surgeries. The treatment plan included the continuation of Norco 10/325 mg, 1 by mouth every 8 hours; physical therapy 4 times a week; Wellbutrin SR 150 mg; Norco 10/325 mg, 1 by mouth at bedtime; and Nexium 40 mg. The Request for Authorization for hydrocodone/APAP (Norco) 10/325 mg #90 with rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP (Norco) 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 76-80 and Opioids for chronic pain, page(s) 80-82 Page(s): 80-82.

**Decision rationale:** The request for hydrocodone/APAP (Norco) 10/325 mg #90 is non-certified. The California MTUS Guidelines state that opioid use for chronic back pain appears to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. The guidelines also recommend ongoing monitoring to include the ongoing review and documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of potentially aberrant (or nonadherent) drug-related behaviors. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without prescribed medications or their efficacy. There is also a lack of documentation of ongoing monitoring to provide evidence of efficacy, side effects, physical and psychosocial functioning, and appropriate medication use. Furthermore, it is indicated within the clinical documentation that the injured worker has been on Norco for greater than 16 weeks (since 12/2013) which is not recommended by the guidelines without reassessment. Therefore, the request for hydrocodone/APAP (Norco) 10/325 mg #90 is not medically necessary.