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| <b>Case Number:</b>   | CM14-0034079 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 12/15/2010 |
| <b>Decision Date:</b> | 08/19/2014   | <b>UR Denial Date:</b>       | 02/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2014 |

### 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 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 60-year-old male who reported injury on 12/15/2010. Prior treatments included home exercise program, physical therapy, and medications. The injured worker's medication history included Norco as of at least 08/2013. The documentation of 02/18/2014 revealed the injured worker had complaints of persistent aching pain in the low back rated as 6/10 to 7/10. The injured worker indicated he had right foot pain with pins and needles sensation in both feet. The injured worker indicated the medication was helping decrease his symptoms. The diagnoses included right-sided ulnar neuritis postoperative improved, status post L4-S1 fusion with revision decompression with persistent back and leg pain improving and anxiety. The treatment plan included a continuation of Norco 1 by mouth every 6 to 8 hours as needed #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ APAP 10/325 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and documentation of an objective decrease in pain. There should be documentation the injured worker has been monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the medication had been beneficial; however, there was a lack of documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behaviors and side effects. The original date of request with a quantity of 60 could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone/APAP 10/325 mg #60 is not medically necessary.