

<b>Case Number:</b>	CM14-0052746		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Nevada. 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 50 year-old female who was reportedly injured on June 3, 2009. The mechanism of injury is noted as a repetitive overuse type event. The most recent progress note dated April 11, 2014, indicates that there were ongoing complaints of neck pain, back pain, left upper extremity pain, left lower extremity pain, inability to perform sexual function, and activities of daily living limitations. The physical examination demonstrated a decreased sensation on the cervical 5-6 distribution, and decreased strength in the cervical 5-6 distribution; tenderness on palpation of the cervical spine and tenderness on palpation of the lumbar spine. Diagnostic imaging studies were not done within the past year. Previous treatment includes cervical and lumbar facet blocks, epidural steroid injections of the cervical and lumbar spine, physical therapy, and medications. A request was made for hydrocodone and was not certified in the pre-authorization process on April 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 7.5-500mg q8hrs #90:** 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127..

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured worker has chronic neck pain, back pain, left upper extremity pain, and left lower extremity pain after a work-related injury on June 3, 2009. Review of the available medical records fails to documents any objective or clinical improvement in their pain or function with the current regimen. This request is not medically necessary.