

<b>Case Number:</b>	CM14-0068895		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/28/2001
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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 records presented for review indicate that this 55 year-old individual was reportedly injured on 11/28/2001. The mechanism of injury is not listed. The most recent progress note, dated 4/8/2014, indicates that there are ongoing complaints of low back pain. No physical exam was performed on this date of service, however the most recent physical exam dated 2/25/2014 revealed lumbar spine positive tenderness to palpation in the spinous processes on L4-5. Lumbar facet loading is positive bilaterally. Straight leg raise test is positive on the left sitting at 45. Faber's test is positive. Lower extremity reflexes are equal and symmetric. Positive trigger point with radiating pain and twitch response to palpation lumbar paraspinal muscles on the right and left trapezius muscle and right and left supraspinatus muscle. No recent diagnostic studies are available for review. Previous treatment includes lumbar fusion, epidural steroid injection, medications, and conservative treatment. A request had been made for Hydrocodone/APAP 10/325 mg #180 with 2 refills and was not certified in the pre-authorization process on 4/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 #180 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen ) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The MTUS 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 employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.