

<b>Case Number:</b>	CM14-0072356		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/21/2004
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 41 year-old male who was reportedly injured on October 21, 2004. The mechanism of injury was noted as cumulative trauma. The most recent progress note dated May 7, 2014, indicated that there were ongoing complaints of low back pain. It was stated that the injured employee has not been taking Norco and rates his pain at 8/10. There has not been much change in function or pain since the discontinuation of Norco. The physical examination demonstrated decreased cervical spine range of motion and full upper extremity and lower extremity mobility. There was a normal lower extremity neurological examination. Diagnostic nerve conduction studies for the lower extremities were negative. Previous treatment included conservative treatment as well as a L5-S1 hemilaminectomy, discectomy, and disc replacement. A request was made for Hydrocodone and was not certified in the pre-authorization process on March 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Review Of Hydrocondone/APAP 10-325mg Days Supply 30, Quantity 180 Med 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,80,82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with Acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include 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. According to the most recent progress note, dated May 7, 2014, the injured employee was stated to have discontinued use of Norco without any change in his ability to function. Considering this, the request for Hydrocodone/APAP is not medically necessary.