

<b>Case Number:</b>	CM14-0082572		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Family Medicine, 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:

60 yr. old female claimant sustained a work injury on 1/24/13 involving the low back and neck. She was diagnosed with chronic cervical /lumbar strain and radiculitis. She had used Norco and Celebrex chronically for pain. A progress note on 2/28/14 indicated the claimant had neck pain. Exam findings were notable for painful range of motion of the cervical spine and spasms. She remained on the Celebrex and Norco. A request for continuation of Norco was requested in June of 2014 for 5.5mg/325 daily. Additional exam findings or response to medication were not mentioned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP 7.5-325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone/APAP contains is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is

recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Hydrocodone/APAP for several months. There was no recent documentation to indicate response to pain or function. The continued use of Hydrocodone/APAP is not medically necessary.