

<b>Case Number:</b>	CM14-0186158		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 was a 38 year old male, who sustained an industrial injury, November 1, 2011. According to progress note of August 19, 2014, the injured workers chief complaint was left ankle pain and abdominal bloating. The injured worker was awaiting foot surgery. The injured worker was diagnosed with dyspepsia, severe constipation, sleep disorder, sexual dysfunction, headaches, pain in the limb, lumbar radiculopathy, derangement of the left ankle/foot , chronic right lower abdominal pain and anxiety. The injured worker previously received the following treatments wears a brace to the left ankle, hydrocodone, Orphenadrine and chiropractic services. On October 9, 2014, the primary treating physician requested authorization for a prescription for Hydrocodone (Norco) APAP 10/325mg tablets take twice daily #60 with 2 refills. On October 21, 2014, the Utilization Review denied authorization for a prescription for Hydrocodone (Norco) APAP 10/325mg tablets take twice daily #60 with 2 refills. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (Norco) APAP 10-325 tablet take 1 twice daily #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 38 year old male with an injury on 11/01/2011. He is awaiting foot surgery. He has left ankle pain, sexual dysfunction and severe constipation. Sexual dysfunction and constipation are adverse effects of opiates. MTUS guidelines for on-going opiate treatment require documentation of improved functionality with respect to the ability to do activities of daily living or work, analgesia efficacy and monitoring for adverse effects and drug seeking abnormal behavior. The documentation provided for review does not meet these criteria and Norco 1-/325 BID #60 should be weaned. Norco is not medically necessary for this patient.