

<b>Case Number:</b>	CM14-0187919		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	08/18/2008
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 63-year-old male who sustained an injury on August 18, 2009. Subsequently, he developed chronic back pain. Prior treatments included medications, physical therapy, and knees surgeries. The medical records submitted for review indicate that the patient has used Norco since at least December 2009. A UDS collected on August 20, 2014 was consistent with the patient's prescription for Norco. According to the progress report dated October 17, 2014, the patient complained of lumbar spine and bilateral hip pain. He rated his pain at 3-8/10. The patient is not currently working. Examination of the lumbar spine revealed tenderness to palpation over the left lumbar paraspinal muscles. Range of motion revealed flexion 70 degrees with pain, full extension, and limited bilateral rotation. Neurovascular status was intact bilaterally. The patient ambulated with antalgic gait pattern. The patient was diagnosed with lumbar disc herniation, bilateral hip pain and numbness, bilateral knee osteoarthritis status post left total knee replacement, anxiety, and depression. The provider requested authorization for hydrocodone/apap.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for hydrocodone/apap 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear justification for the need to continue the use of Hydrocodone. The patient was treated with Hydrocodone without any evidence of pain and functional improvement. Therefore, the prescription of Hydrocodone/APAP tab 10/325mg # 120 is not medically necessary.