

<b>Case Number:</b>	CM14-0203286		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/27/2003
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Emergency 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:

Patient with reported date of injury on 2/27/2003. Mechanism of injury is slip and fall. Patient has a diagnosis of lumbar disc displacement and cervical disorder with myelopathy. Medical reports reviewed. Last report available until 11/6/14. Patient complains of neck pain with radiation down arms. Also has low back pain. Objective exam reveals decreased cervical and lumbar range of motion with paraspinal spasms. Straight leg raise positive on L side. Medications include tramadol, soma and hydrocodone/APAP. Independent Medical Review is for Hydrocodone/Acetaminophen 7.5mg/325mg #60 with 3 refills. Prior Utilization Review on 12/1/14 recommended modification to #30. It also approved Zorvolex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Hydrocodone/Acetaminophen 7.5/325mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia,

activity of daily living, adverse events and aberrant behavior. Provider has completely failed to document a single required component as per MTUS guidelines. There is not a single documented pain scale, assessment for abuse or side effects or documentation of improvement. The number of refills is not appropriate does not meet MTUS guideline requirement for close monitoring of chronic opioid therapy. Norco is a schedule 2 narcotic and cannot be refilled. The request is not medically necessary.