

<b>Case Number:</b>	CM14-0210237		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	03/19/2008
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Practice 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:

61 yr. old female claimant sustained a work injury on 3/19/08 involving the neck and low back. She was diagnosed with lumbar radiculopathy and cervical radiculopathy. She had undergone multiple lumbar surgeries. In addition, she had chronic regional pain syndrome, headaches and a sleep disorder. A progress note on 2/7/14 indicated the claimant had 7/10 pain. Exam findings were notable for spasms and guarding of the lumbar spine. There was a positive straight leg raise test. There was tenderness to palpation in the paralumbar region. The claimant was treated with Norco, Soma and Cymbalta the time. A progress note on 9/19/14 indicated the claimant had continued back pain and headaches. She had undergone physical therapy. Exam findings were notable for tenderness in the cervical and lumbar spine, decreased sensation in the C6-C9 dermatomes and a positive straight leg raise test on the left side. The claimant remained on Norco (hydrocodone/apap) for pain .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #180 dispensed 9/19/14: 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:** Norco (Hydrocodone) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 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 had been on Norco for several months without significant improvement in pain or function. The continued use of Norco is not medically necessary.