

<b>Case Number:</b>	CM15-0221072		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 48 year old female who sustained an industrial injury on 7-15-11. Work status was not present. Medical records indicate that the injured worker has been treated for chronic pain syndrome; fibromyositis; psychalgia; degenerative cervical intervertebral disc; cervical post laminectomy syndrome; myofascial pain; insomnia; depressive disorder. She currently (10-29-15) complains of constant neck pain radiating to bilateral shoulders, left worse than right with bilateral upper extremity weakness, numbness and tingling in the left upper extremity; constant low back pain. Pain levels were not present. She has sleep difficulties due to pain and constipation. She needs moderate assistance with cooking, housekeeping. Physical exam of the cervical spine revealed tenderness over the paraspinal muscles overlying the facet joints and trigger points noted over the trapezius muscles bilaterally. Documentation indicated that medication helps the injured worker to be independent in basic activities of daily living such as grooming, toileting and allowed her to continue walking and gardening. Diagnostics included cervical MRI (4-7-15) showing at C6-7 there were lucencies surrounding the interbody bone graft without clear bridging bone on multiple contiguous slices and can be seen as pseudarthrosis and there does not seem to be a solid fusion. Treatments to date include status post spinal surgery (2012); heat-ice with benefit; stretching; medication: Norco (ordered 10-29-15), gabapentin, Lidoderm patch, docusate sodium, baclofen, Miralax, trazodone; cervical epidural steroid injection times 2 with benefit for about 3 weeks; trigger point injections (6-2015) with benefit in relieving spasms and severe pain; physical therapy, 3 weeks in 2014; 3 weeks of functional restoration program. The request for authorization dated 10-29-15 was for hydrocodone-acetaminophen 10-325mg #60. On 11-6-15 Utilization Review non-certified the request for hydrocodone-acetaminophen 10-325mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Norco 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 Hydrocodone for a year without significant improvement in pain or function for which still required invasive procedures. There was also constipation with the use of Norco. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Hydrocodone is not medically necessary.