

<b>Case Number:</b>	CM14-0118137		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 42-year-old male was reportedly injured on August 8, 2012. The mechanism of injury was noted as pain experienced in the low back when a heavy generator fell on to the injured employee. The most recent progress note, dated May 16, 2014, indicated that there were ongoing complaints of low back pain and left foot and leg pains. The physical examination revealed the patient with moderate difficulty with transitions, a normal gait, and range of motion of 30 of back motion. The treatment recommendation was for an epidural injection at L5-S1 and Soma #60. There was no reference to an opioid medication being prescribed in this report or the prior report in March 2014. Diagnostic imaging studies included an ultrasound of the bladder in July 2014, which was normal, and a CT of the abdomen and pelvis also in July 2014 evidencing diffuse fatty infiltration of the liver and colonic diverticulosis without evidence of diverticulitis. Laboratory studies evidenced hyperglycemia and a positive IgG antibody to Helicobacter pylori bacteria. On May 29 2013, an MRI of the lumbar spine revealed anterior fusion at the L5-S1 disc space with a persistent Grade II anterolisthesis. Persistent bilateral foraminal stenosis was present with no central or S1 lateral recess stenosis noted. At the L4-L5 disc space, a 2 mm retrolisthesis and a bulge were present, which were stable. At the L2-L3 disk space, a 2 mm right lateral bulge in the annulus was noted and was stable with no central or foraminal stenosis. Previous treatment included 3 back surgeries, the first one being a fusion with 2 subsequent surgeries and the last being in August 2013. Pain management and treatment had also been provided. A request had been made for hydrocodone-APAP 10/325 mg #90 and was denied in the pre-authorization process on July 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-APAP 10-325- mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, and 91 of 127.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic low back pain after a work-related injury. The medical record provides no recent documentation evidencing that the claimant was prescribed Norco at either of the last 2 visits. However, a urine drug screening provided evidence that Hydrocodone was present, with no documentation that this was inconsistent with the treatment. There are multiple places in the remote medical records referencing the use of Norco. The recent clinical data fails to document any objective clinical evidence of improvement in pain or function with the use of Norco, as is required by the guidelines for chronic opioid therapy. As such, this request is not considered medically necessary.