

<b>Case Number:</b>	CM14-0128066		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 48-year-old male who reported an injury on 12/05/2008 due to a fall. The injured worker has diagnoses of lumbar radiculopathy, brachial neuritis or radiculitis not otherwise specified and chronic pain syndrome. Past medical treatment consists of physical therapy and medication therapy. Medications consist of hydrocodone, ketoprofen, omeprazole, Lidoderm patch, Amrix, oxycodone and OxyContin. The injured worker has undergone EMG/NCVs and MRIs of the lumbar spine and bilateral lower extremities. On 08/05/2014, the injured worker complained of lower back pain. Physical examination of the lumbar spine revealed paravertebral muscles were tender with spasm; range of motion was restricted. Sensation was reduced in bilateral L5 dermatome distribution. Straight leg raising test was positive bilaterally. The medical treatment plan is for the injured worker to continue with hydrocodone 10/325 take 2 times a day with a quantity of 120, wean to discontinue over 2 to 3 months. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (Norco) 10/325 Take 2 2X/Day #120 - no Wean to discontinue, over of 2 -3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Hydrocodone/Acetaminoph. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain; When to Continue Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management, Page(s): 75, 78.

**Decision rationale:** The California MTUS Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. An assessment should be submitted for review also indicating what pain levels were before, during and after medication administration. It is further recommended that dosing of opioids not exceed 120 mg oral morphine equivalents per day and for patients taking more than 1 opioid, the morphine equivalents dose of the different opioids must be added together to determine the cumulative dose. The submitted documentation does not indicate the efficacy of the medication. Furthermore, there was no indication that the Norco was helping with any functional deficits the injured worker might have had. Additionally, there were no drug screens submitted for review showing that the injured worker was compliant with the medications. As per guidelines, oral morphine equivalents should not exceed 120 mg per day, the total of the opioid for the injured worker is 150 mg MED, exceeding the recommended guidelines. Furthermore, there was no assessment submitted for review indicating what pain levels were before, during and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for hydrocodone (Norco) is not medically necessary.