

<b>Case Number:</b>	CM14-0128810		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Occupational 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:

This is a 40-year-old female with a date of injury of 3/20/06. The mechanism of injury occurred to her back while wearing a camera mounted on a harness on her chest. On 7/2/14 she stated that Hydrocodone/Acetaminophen (Norco) has not helped in managing her pain, radiating from the lower back to her sacrum and hips, with numbness and tingling in the lower extremities. She does her own physical therapy, and was waiting to begin acupuncture treatment. On exam there was restricted lumbar range of motion and tenderness and spasm in the paravertebral muscles. The diagnostic impression is intervertebral disc disorder with myelopathy lumbar region and lumbar radiculopathy. Treatment to date: lumbar MRI, sacrum and coccyx MRI, surgery, home physical therapy, medication management. A Utilization Review (UR) decision dated 7/14/14 modified the request for Hydrocodone/Acetaminophen (Norco) 10/325mg #60 with 2 refills to Norco 10/325mg 1 tablet twice a day #30 to allow for weaning off over the next three months. The Norco was modified because ongoing monitoring does not document pain relief and functional improvement, no evidence of CURES monitoring, and no evidence of a pain contract or discussion of urine drug screens. There is no evidence that there was any effort at weaning to the lowest possible dose. Also, it is recommended that medications for radiculopathy be optimized such as antiepileptic or tricyclic antidepressants, which are first-line meds for the treatment of neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ APAP (Norco) 10/325 MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of a CURES Report or an opiate pain contract. In addition, on 7/2/14, she stated that the Norco did not help with her back pain, which radiated from her back to her sacrum and hips with associated numbness and tingling. In addition, the patient was not noted to be on any first-line meds for neuropathic pain such as gabapentin or Lyrica. In addition, this request is for Norco 10/325mg #60 with 2 refills. There is no rationale provided as to why the patient would need a 3 month supply of Norco which she states does not help with managing her pain. Therefore, the request for Hydrocodone (Norco) APAP 10/325mg #60 with 2 refills was not medically necessary.