

<b>Case Number:</b>	CM14-0147696		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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 patient is a 34 year old male who sustained an industrial injury on 1/06/2012. While lifting a 740 lbs. patient with co-workers, he injured his back. He underwent L4-5 anterior/posterior fusion on 11/7/2012. According to the 2/10/2014 PTP PR-2, the patient was last seen on 10/17/2013 at which time he was diagnosed with status post anterior and posterior fusion of lumbar spine, loss of left testicular cremasteric reflex and numbness in the scrotum and resolving retrograde ejaculation. At the time, exercises were recommended. There has been no change in pain radiates to left leg, no new complaints or injuries. Pain is rated 4-5/10. He has pain posterior left thigh and calf consistent with possible S1 radiculopathy current medications are Norco and tiger balm at night to sleep. He is currently working regular duty. Examination documents 5/5 muscle strength and 80-90% normal ROM. Impression is status post anterior and posterior fusion of the lumbar spine, possible S1 radiculopathy etiology unclear, and possible L5-S1 disc protrusion. He remains permanent and stationary. He was provided Norco with refills, and to follow-up as needed. The patient was seen for a urology Panel QME on 6/19/2014 regarding chief complaints of weak ejaculations, decreased sensation of orgasm and decreased sensation of left testicle. Current medication is Norco. Per ROS, he reported episodes of back and leg pain. Relevant examination findings document slight decreased sensation to left hemiscrotum and no tenderness to palpation of the spine. Initial impressions are decreased ejaculate; decreased sensation of orgasm; decreased left hemiscrotal sensation; back pain (status post back surgery); low libido; and decreased energy levels. Serum testosterone was drawn to help evaluate decreased energy levels and low libido.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetamin for date of service 06/03/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

**Decision rationale:** According to the MTUS guidelines, Norco is indicated for moderate to moderately severe pain. Norco opioid short acting in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opioids for non-malignant pain is not generally recommended. The medical records do not include documentation of pain level, function, response to Norco, and physical examination that correlates with the 6/3/2014 DOS. The prior evaluation on 2/10/2014 documented subjective report of 4-5/10 pain level, consistent with mild to moderate pain, and does not document benefit with Norco. In addition, the records do not establish the patient has failed to respond to non-opioid measures, of activity modification, ice, heat, massage, and other physical methods. Therefore, Hydrocodone/Acetaminophen for date of service 06/03/2014 is not medically necessary.

**Hydrocodone/Acetamin unspecified dose or quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

**Decision rationale:** According to the MTUS guidelines, Norco is indicated for moderate to moderately severe pain. Norco opioid short acting in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opioids for non-malignant pain is not generally recommended. The medical records do not adequate documentation that would establish continued Norco use is appropriate and medically necessary. Therefore, Hydrocodone/Acetaminophen unspecified dose or quantity is not medically necessary.