

<b>Case Number:</b>	CM14-0161557		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/05/2009
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 48-year-old male with a 1/5/09 date of injury who felt a pain in his leg while cutting lettuce. He was most recently seen on 8/21/14 for his hip and back pain with a 4/10 on Visual Analog Scale (VAS), which goes down to a 1/10 with the Norco. He takes Norco 7.5/325 1-2 times daily, and sometimes he does not take it at all. It was noted the Norco allows the patient to maintain his exercise program. Exam findings revealed tenderness to palpation of the lumbar spine with spasms and limited range of motion. His motor strength is a 4+/5 in the right tibialis anterior, EHL, and inversion. There is limited range of motion in the right hip, and a positive straight leg raise on the right. His diagnosis is multilevel lumbar degenerative disc disease, disc herniation at L4-S1 with foraminal stenosis, and spondylolisthesis at L5/S1 with bilateral pars defects. Treatment to date includes chiropractic care x 24, bilateral hip replacement, cortisone injections to the hip, and physical therapy. An adverse determination was received on 9/12/14. A rational was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP/7.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88.

**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. This patient states his pain is a 4/10 without his Norco and a 1/10 with the Norco. The patient states he takes between 0-2 tablets per day and a quantity of 120 exceeds what the patient states he is taking. It is unclear why the patient requires double that amount. There is a lack of documentation as to how many tablets of Norco the patient is taking per month. Therefore, the request for Norco #120 as submitted is not medically necessary.