

<b>Case Number:</b>	CM14-0167973		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 37 year old male who was injured on 07/17/2012 when he fell to the ground. Prior treatment history has included 8 sessions of physical therapy and TENS. Past medication history as of 08/14/2014 hydrocodone 4 a day, Ultracet 37.5/325, Relafen 750, Prilosec 20 mg (VAS with medications 5/10 and with medications a 9/10). Toxicology report dated 10/15/2013 did not detect the presence of any medication. Toxicology report dated 03/06/2014 detected the presence of hydrocodone. Progress report dated 09/03/2014 states the patient presented with ongoing low back pain, right hip pain and bilateral foot pain. His medications included Norco 10/325 mg, Ultracet 37.5/325, Relafen 750 mg, Prilosec 20 mg, and Amitriptyline 10 mg. On exam, he is noted to have tenderness of the lumbar paraspinal muscles and right hip. The patient is diagnosed with chronic right groin pain, mild spondylosis with facet arthritic changes at L4-L5 but no disk herniation or stenosis; and bilateral foot pain. The patient has been utilizing Norco 10/325 mg since 02/19/2013. Prior utilization review dated 09/20/2014 by [REDACTED] states the request for 1 Retrospective request of Norco 10/325mg #30, DOS 9/3/14 is not certified as there is no documented functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Retrospective request of norco 10/325mg #30, DOS 9/3/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
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**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the medical necessity of this request has not been established. Weaning is advised to avoid withdrawal symptoms. The request is not medically necessary.