

<b>Case Number:</b>	CM14-0168350		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/10/2014
<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 Occupational Medicine 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 injured worker is a 34 year old male with a date of injury on 2/19/2013. The injured worker had a low back injury and there are multiple notes from a pain management physician who indicated that the injured worker had low back pain with radiation of pain into the right leg. The injured worker was started on several medications including hydrocodone twice a day and at maximum medical improvement in 8/13. However, the medication continued onward. Notes from the provider were reviewed. The provider stated that with the hydrocodone, the injured worker had 80% improvement in pain and function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Per guidelines, the records indicate that the injured worker has been using the hydrocodone since at least 6/13. Although there is reference to improvement with the use of this medication, the medication appears to continue indefinitely. There is no documentation of

any effort to reduce the use of the medication or move towards weaning. The request as submitted is not medically necessary.