

<b>Case Number:</b>	CM14-0097031		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Family 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:

The injured worker is a 57 year old female who sustained an injury on 03/06/14 when she fell. The injured worker has been followed for chronic complaints of neck pain radiating to the head and shoulder regions as well as moderate to severe low back pain radiating to the lower extremities. The injured worker's medication history has included tramadol, hydrocodone, cyclobenzaprine, and naproxen. As of 07/03/14 the injured worker's physical exam findings noted limited lumbar range of motion with decreased sensation to light touch. There was also tenderness to palpation in the bilateral suboccipital region and upper trapezius musculature. The injured worker's urine drug screen in 2014 noted to be negative for narcotic medications. The injured worker's requested hydrocodone was denied on 06/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ APAP (hydrocodone/ acetaminophen) 2.5/ 325 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

**Decision rationale:** In regards to the use of Hydrocodone 2.5/325mg quantity 30, injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also noted inconsistent findings for the use of Norco on the provided recent urine drug screens. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement.