

<b>Case Number:</b>	CM15-0010271		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male who suffered a work related injury on 02/14/03. Per the physician notes from 11/21/14, he complains of lower back pain. He is status post multiple fusion of his lumbar spine with chronic lower extremity radiculopathy and status post failed spinal cord simulator trial. The treatment plan includes OxyContin, Norco, and Valium. On 12/19/14, the Claims administrator non-certified the Norco, citing MTUS guidelines. The non-certified treatment was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP Tab 10-325 MG QTY#150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91.

**Decision rationale:** The patient presents with lower back pain and a burning discomfort down bilateral legs. The current request is for Hydroco/APAP Tab 10-325 MG QTY#150. The

treating physician states that the patient rates their pain as an 8/10 and that medications continue to help the patient. (73A) The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, as well as "pain assessment." In this case, the treating physician has documented that the patient has had somewhat decreased pain with the use of Norco and has been on Norco since at least 2013 but did not state if the patient was having any side effects, functional improvement, or aberrant behavior. The MTUS guidelines require much more thorough documentation for continued opioid usage. The current request is not medically necessary and the recommendation is for denial.