

<b>Case Number:</b>	CM15-0014140		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/20/1980
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 68 year old man sustained an industrial injury on 12/20/1980. The mechanism of injury was not detailed. Current diagnoses include lumbago and cervical disc displacement. Treatment has included oral medications and physical therapy. Physician notes on a PR-2 dated 11/20/2014 show continued symptoms since the past 34 years to the cervical, thoracic, and lumbar spine. No physical assessment, pain rating with and without medications, or further information was included. The patient has had MRI of the lumbar spine on 5/12/14; cervical and thoracic spine on 5/9/14; EMG of the UE and LE on 7/16/14. The patient's surgical history includes multiple surgeries in right knee and three spinal surgeries. The EMG examination in LE revealed polyneuropathy and MRI revealed degenerative changes. Per the doctor's note dated 11/20/14 patient had complaints of pain and stiffness at 8-9/10. Physical examination revealed decreased strength and reflexes in LE and antalgic gait. The medication list include Oxycontin, Lisinopril, hydrocodone, Ativan, Aspirin, Nexium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325 mg tablet #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, Criteria for Use

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s).

**Decision rationale:** Request: Hydrocodone/Acetaminophen 10/325 mg tablet #240Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone/Acetaminophen 10/325 mg tablet #240 is not established for this patient.