

<b>Case Number:</b>	CM15-0113183		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 70 year old man sustained an industrial injury on 7/31/2012. The mechanism of injury is not detailed. Diagnoses include left lumbar radiculopathy and foraminal stenosis. Treatment has included oral medications and surgical intervention. Physician notes dated 5/11/2014 show complaints of low back pain rated 7/10, bilateral knee pain rated 3/10, and right shoulder pain rated 5/10. Recommendations include physical therapy, psychological consultation, Hydrocodone, Cyclobenzaprine, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg #60:** 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): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication for at least 2 years. As per MTUS Chronic pain

guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Documentation shows significant pain and deficits. There is no documentation of any objective improvement on medications or any improvement in function. Provider has failed to document long term plan concerning opioid therapy. Documentation of lack of improvement in pain or function does not support opioid continued therapy. The request is not medically necessary.