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| <b>Case Number:</b>   | CM15-0122391 |                              |            |
| <b>Date Assigned:</b> | 07/06/2015   | <b>Date of Injury:</b>       | 02/15/2010 |
| <b>Decision Date:</b> | 08/07/2015   | <b>UR Denial Date:</b>       | 06/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/24/2015 |

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 2/15/10. The injured worker was diagnosed as having syndrome cervical post laminectomy with right C6 radiculopathy. Treatment to date has included cervical fusion, physical therapy, oral medication including Norco and activity restrictions. (MRI) magnetic resonance imaging of brain, right shoulder, cervical spine, thoracic spine and lumbar spine were performed 3/2015, which revealed no acute changes from prior (MRI) magnetic resonance imaging. Currently on 4/2/15, the injured worker complains of unchanged pain, which is variable from 4-8/10; and mostly 3-4/10. He also complains of difficulty sleeping, numbness of hand and poor concentration because of pain and mood. He notes difficulty rotating the arm, weakness in right arm and left hand and achiness in left arm. He states he cannot exercise and had pain with physical therapy. He states he uses medication when pain becomes severe. He has not worked since 2/2010. Physical exam performed on 4/2/15 noted restricted range of motion of cervical spine, left shoulder and right shoulder with tenderness at the occiput and temporalis bilaterally. The treatment plan included a request for Hydrocodone/apap 10/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ APAP (acetaminophen) 10/325 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit, intensity of pain following taking the opiate and the duration of pain relief. Medical necessity of the requested item has not been established. He has taken Norco for greater than 6 months and there is no documentation of pain assessment. He has not worked since 2/2010. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.