

<b>Case Number:</b>	CM15-0125878		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/26/1988
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Arizona, 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:

The injured worker is a 77 year old male patient who sustained an industrial injury on 01/26/198. A primary treating follow up visit dated 04/09/2015 reported chief complaint of right shoulder, neck, right hip/femur, left knee, and thoracic spine pain. There is subjective complaint of having neck pain that radiates down into bilateral upper extremities accompanied with numbness/tingling. He states bilateral knees are painful and give out on him requiring a walker to ambulate safely. The assessment found the patient with: cervical disc disorder with myelopathy; cervical fusion syndrome, hip pain, knee pain, and lower back pain. There is recommendation for neurological consultation regarding neck pain. Current medications are: Norco 6 tabs daily that offer "some" help. The patient is permanently and totally disabled. Back in February of 2015 he reported the pain as "severe", all over the body. There is recommendation to undergo cervical and thoracic spine radiography study. Treating diagnoses back at a follow up on 11/20/2014 were listed as: lumbar disc disorder with myelopathy; neck sprain; thoracic region sprain, and knee joint replaced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg #240 for 30 day supply: 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): 82-92.

**Decision rationale:** Norco /Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months without significant improvement in pain or function. The claimant is noted to have 3/10 pain without Norco. The continued use of Norco is not medically necessary.