

<b>Case Number:</b>	CM15-0090859		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 61-year-old male, who sustained an industrial injury on 5/21/2013. He reported injury from lifting a piece of furniture. The injured worker was diagnosed as having cephalgia, cervical strain, lumbar radiculopathy, depression and anxiety. Electromyography (EMG) / nerve conduction study (NCS) showed left lumbar 5 radiculopathy. Treatment to date has included physical therapy and medication management. In a progress note dated 3/24/2015, the injured worker complains of pain in the neck, low back and bilateral shoulder. Pain is rated 8/10 with no medications to 3/10 with medications. Current medications include Hydrocodone / Apap, Fioricet, HCTZ, Amlodipine, Citrucel, Losartan, Cialis, Omeprazole and Dexilant. The treating physician is requesting Norco (Hydrocodone 10/325 mg) #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone 10/325mg) quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 79.

**Decision rationale:** Norco 10/325 mg, quantity 60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if; (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.