

<b>Case Number:</b>	CM13-0001727		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	10/28/2003
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 42-year-old male presenting with chronic pain following a work-related injury on October 28, 2003. The claimant is status post L5-S1 discectomy on the right in 2007. On May 13, 2013 the claimant presented for workman's comp follow-up. The enrollee was status post one epidural steroid injection. He reported an 80% relief. He reported using less pain medication and muscle relaxant as a result. The physical exam was significant for left positivity of his right straight leg raise, decreased range of motion but improved, and decreased motor strength with plantar flexion on the right as compared to the left. The claimant was diagnosed with displacement of thoracic or lumbar intervertebral disc without myelopathy, degeneration of thoracic or lumbar intervertebral disc and postlaminectomy syndrome, lumbar region. The claimant was made for hydrocodone 5 per 500 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 5/500MG #60 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

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

**Decision rationale:** Hydrocodone/APAP 5/500mg #60 refill 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 opioid therapy. In fact, the medical records note that the claimant was taking less medications following an epidural steroid injection. At that point, there should be an attempt to wean the claimant or place him on an opioid holiday. The claimant has long-term use with this medication and there was a lack of medical necessity with this opioid.