

<b>Case Number:</b>	CM13-0046697		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/08/2000
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 37-year-old female who reported a work-related injury on 09/12/2012 due to lifting a heavy object. The patient's diagnoses were listed as lumbar spine pain and myofascial pain syndrome. The patient was treated conservatively with chiropractic care, physical and manipulating therapy, injections, acupuncture, and extracorporeal shockwave treatments. A request was made for 1 prescription of hydrocodone compounded caps 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone compounded caps 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines indicate an ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects should be documented for patients taking opioids for pain management. There was no documentation noting the patient's pain relief due to the use of hydrocodone. There was also no pain assessment or physical exam noted for the patient. A satisfactory response to

treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There were no functional benefits noted which could be objectively measured due to the use of hydrocodone. The California Chronic Pain Medical Treatment Guidelines recommend the continued use of hydrocodone if there is functional improvement with medication use. As such, the decision for 1 prescription of hydrocodone compounded caps 10 mg is not medically necessary.