

<b>Case Number:</b>	CM13-0055833		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

This is a 29-year-old gentleman injured on April 29, 2013. Clinical records provided for review include an October 29, 2013, assessment documenting continued complaints of a low back pain and recent treatment with trigger point injections. The claimant remained on modified work duty and was also diagnosed with carpal tunnel syndrome. A report of an MRI scan of the lumbar spine demonstrated a central disc protrusion at L5-S1 with underlying multilevel facet changes. A physical examination showed tenderness to palpation, restricted lumbar range of motion and partial sensory deficit with pinwheel examination to the L5 and S1 dermatomal distribution. Given the diagnosis of a lumbar strain with nerve root irritation, continuation of medications and therapeutic modalities was recommended. This request is for continuation of hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS: [REDACTED] -DRUG NAME: HYDROCODONE-ACETAMINOPHEN 7.5-325 TAB #40  
DS:40 DENIED BY PEER REVIEW HOWEVER PEER REVIEW DID CERTIFY #20:  
Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-Acetaminophen; Opioids-Criteria For Use Page(s): 91, 76-80.

**Decision rationale:** The California MTUS Chronic Pain Guidelines do not support continued use of hydrocodone for this claimant. This individual has already been prescribed a weaning dose during prior peer review. There is no documentation in the records provided for review that describes the efficacy of hydrocodone for this claimant or that the claimant is able to increase his level of function or activity with use of hydrocodone. Therefore, the request for continuation of hydrocodone therapy would not be medically necessary.