

<b>Case Number:</b>	CM13-0057983		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Occupational Medicine 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 31, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; various interventional spine injection procedures; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of November 12, 2013, the claims administrator denied a request for Anexsia (hydrocodone), stating that it does not appear that the applicant had profited through prior usage of the same. The applicant's attorney subsequently appealed. A clinical progress note of December 5, 2013 is notable for comments that the patient uses Anexsia once a day. The patient states that his pain drops from 9/10 to 4/10 with medications. Tenderness is noted about the lumbar spine. A TENS unit and Anexsia are endorsed. The patient is given work restrictions. It is not clearly stated whether or not the applicant's limitations are accommodated by the employer. However, an earlier note of October 22, 2013 is notable for comments that the patient's pain level dropped from 9/10 to 0/10 with pain medications, including Anexsia. The attending provider states that the patient has returned to regular duty work and can continue working unrestricted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANEXSIA HYDROCODONE/APAP 7.5, 325MG #120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 9TH EDITION, (WEB) 2011.

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, it appears that at least two of the three aforementioned criteria have seemingly been met. The applicant reports appropriate analgesia following introduction of Anexsia. The applicant has reportedly been returned to work, although this is not altogether certain. Nevertheless, on balance, it appears that at least two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation opioid therapy have seemingly been met. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.