

<b>Case Number:</b>	CM13-0064769		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/23/2002
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 claimant injured her low back on 09/23/02 and has chronic lumbago. On 01/14/14, she saw [REDACTED] and had been injured while lifting a patient. She had therapy and her injury stabilized. She was taking 6-8 Vicodin per day and switched to Norco 10/325 mg TID with increased pain following an Achilles injury two years before. She was also taking Neurontin. Her Norco had been stopped in October 2013 and her low back pain was level 7-8/10 and chronic. Mid-afternoon and evening pain were noted to be the worst. She had no PT for several years. She had buttock/thigh pain 2/3 of the time and had left-sided SI aspect with good relief following an SI injection 5 years before. She was also taking Valium BID and Naproxen 220 mg as needed. She had muscle weakness, a normal gait and normal tone with no spasm. She had left SI joint tenderness and normal SLRs, and the patient's range of motion was decreased. A repeat SI joint injection was requested. She was diagnosed with SI dysfunction, obesity, and lumbar degenerative disc disease. Hydrocodone/APAP 10/325mg has been recommended and is under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325 MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

**Decision rationale:** Within the medical records provided for review, there is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The dosage of Naproxen appears to be minimal and the claimant's pattern of use is unclear. There is no evidence that a signed pain agreement is on file at the provider's office, no indication that periodic urine drug screens are planned, and no evidence that a pain diary has been recommended. There also is no indication that periodic monitoring of the claimant's pattern of use and her response to this medication, including assessment of pain relief and functional benefit, will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefit she receives from treatment measures. The medical necessity of the use of hydrocodone/APAP has not been clearly demonstrated. The request is therefore not medically necessary and appropriate.