

<b>Case Number:</b>	CM13-0068828		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/17/2011
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 41-year-old male who reported an injury on 04/17/2011. The mechanism of injury was not stated. The current diagnosis is low back pain. The injured worker was evaluated on 10/09/2013. The injured worker reported improvement in radicular symptoms. Physical examination revealed 70 degree forward flexion, 25 degree extension, 30 degree lateral bending, negative straight leg raising, normal motor examination, intact sensation, and full hip range of motion bilaterally. Treatment recommendations at that time included continuation of current medications and a release to regular work duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE HYDROCODONE/ACETAMINOPHEN 10MG.325MG (DOS 10/9/13) QTY 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** MTUS Chronic Pain Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing

review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. There was no evidence in the medical records provided for review of a failure to respond to nonopioid analgesics. There is also no frequency listed in the current request. Based on the clinical information received, the request is not medically necessary and appropriate.