

<b>Case Number:</b>	CM13-0070372		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 and 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 61-year-old male who reported an injury on 11/06/2012 due to a fall from a ladder after being electrocuted. The injured worker's treatment history included physical therapy, chiropractic care, acupuncture and medications. The injured worker was evaluated on 12/03/2013. It was noted that the injured worker's medications included Imitrex, hydrocodone 5/500 mg, Abmien, Flexeril, and Valium. It was documented that the hydrocodone 5/500 mg 6 times a day was not providing significant pain relief. Physical findings included tenderness to palpation of the lumbosacral spine with restricted range of motion, and tenderness to palpation of the cervical spine with restricted range of motion. The injured worker had a positive straight leg raising test bilaterally, with tenderness over the lumbar and cervical facets. The injured worker's diagnoses included lumbosacral radiculopathy, dizziness/vertigo, intractable migraines, and degenerative disc disease of the cervical spine. The injured worker's treatment plan included an increase in his hydrocodone 5/500 mg to hydrocodone 7.5/500 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 7.5/500MG #180:** 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): 77-78.

**Decision rationale:** The requested Hydrocodone 7.5/500 mg #180 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain is supported by documentation of functional benefit, pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker was taking Hydrocodone 5/500 mg that did not provide adequate pain relief. Therefore, an increase in the injured worker's dosage would be supported. However, the clinical documentation failed to identify that the injured worker is monitored for aberrant behavior or is engaged in an opioid pain contract that supports initiating an increase in medication. Also, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Hydrocodone 7.5/500 mg #180 is not medically necessary or appropriate.