

<b>Case Number:</b>	CM14-0000599		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	07/07/2006
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Arizona. 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 52-year-old male with a date of injury on 7/7/2006. This injured worker has long-standing history of ongoing back pain since the industrial injury. He has undergone significant treatment which has included several medications consisting of antidepressant medication, muscle relaxants as well as gabapentin. He has also undergone physical therapy, psychological management and epidural injections. His MRI has shown facet joint disease. The patient also carries diagnoses of major depression, hypertension and sleep apnea. On 10/14/13, the treating physician recommended the use of Hydrocodone/Norco 2.5/325 up to 4 times daily and gradually discontinued gabapentin. Based on limited available records, there appeared to be no significant changes or improvement with the use of hydrocodone over the next 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 2.5/325MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** According to the Official Disability Guidelines (ODG), opiates are not recommended for chronic nonmalignant back pain. For management of acute pain, short-term use can be recommended. Long-term efficacy of opiate use for chronic pain has not been established. There is only limited evidence available for use of opioids for chronic back pain. Similar recommendations are provided by the MTUS/ACOEM guidelines regarding opiates for chronic pain and chronic back pain. Moreover this patient has a documented history of chronic major depression and has other complicating medical issues such as sleep apnea creating relative contraindication to opiates or sedating drugs. The request for Hydrocodone 2.5/325 mg, # 60 is not medically necessary and appropriate.