

<b>Case Number:</b>	CM14-0104383		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 52 years old male with a date of injury on 10/11/2010. According to the latest clinical notes available on June 17, 2014, the worker complains of persistent 8/10 low back pain. His exam is notable for 50% restriction in range of motion, slight weakness of the left foot and sensory deficit of the left leg and calf at the L5-S1 dermatomes. His diagnoses are post-op lumbar discectomy, post-op second lumbar discectomy and left L5 radiculopathy. Requests were made for hydrocodone/acetaminophen and chiropractic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Apap 5/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list Page(s): 76.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines, hydrocodone/acetaminophen is a short-acting opioid: also known as "normal-release" or "immediate-release opioids, seen as an effective method in controlling chronic pain often used for intermittent or breakthrough pain. These agents are often combined with other analgesics

such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse affects. The duration of action is 3-4 hours. Hydrocodone has a recommended maximum dose of 60 mg in 24 hours. The tablet product dose is limited by the dosage of acetaminophen, which should not exceed 3,000 mg in 24 hours. The Food and Drug Administration recommends combined formulations of opioids with acetaminophen have no more than 325 mg of acetaminophen per tablet. Under the criteria for use of opioids, on-going management, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. It is stated simply that hydrocodone/acetaminophen was beneficial and none of these criteria have been documented. In addition, an opioid contract is optional, but has not been furnished. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available either. The request is not medically necessary.