

<b>Case Number:</b>	CM14-0106023		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/11/2007
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 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 51 year-old male who sustained work-related injuries on February 11, 2007. The most recent medical records dated August 6, 2014 indicates that the injured worker made a follow-up visit and reported no significant improvement since his last visit. He continued to have significant lower back pain and left knee pain. He also reported difficulty walking. He reported that his pain increased since his last visit since he was not receiving any therapy or medication. A cervical spine examination noted tenderness over the paravertebral muscle with spasm. His range of motion was limited. A lumbar spine examination noted tenderness and spasm over the paravertebral muscles. His range of motion was restricted. Straight leg raising test was positive on the right. Sensation was decreased in the right L5 dermatomal distribution. A left knee examination revealed tenderness and positive McMurray's test. He was diagnosed with (a) internal derangement of the knee not otherwise specified, (b) cervical sprain, (c) plantar fascial fibromatosis, (d) sprains and strains of ankle not otherwise specified, (d) gastroduodenal disorders not otherwise specified, and (e) lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/acetaminophen 7.5/325mg, qty 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Evidence-based guidelines indicate that opioid treatment in the chronic term is not recommended. If an opioid is to be used for long term the treatment guidelines provide criteria for ongoing management and when to continue or discontinue treatment with opioids. Evidence-based guidelines particularly specify that there should be a significant decrease in pain levels, documentation of significant functional improvements, use of urine drug screening test, documentation of aberrant behavior or addiction, documentation of response to non-opioid treatments, documentation of adverse or side effects secondary to opioid use, and/or if the injured worker was able to return to work. A review of this injured worker's medical records failed to show that the above mentioned requisites were satisfied. Hence, the medical necessity of the requested hydrocodone/acetaminophen 7.5/325 milligrams #120 is not established.

**1 Back Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**Decision rationale:** Evidence-based guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the injured worker's condition is already in the chronic phase. This clinical presentation does not satisfy the above mentioned indication. Therefore, the medical necessity of the requested back support is not established.