

<b>Case Number:</b>	CM14-0106343		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	06/20/2014
<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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 51 year old female who was injured on 1/9/2013. The diagnoses are lumbar radiculopathy and right hip pain. There are associated diagnoses of morbid obesity and insomnia. The MRI of the lumbar spine showed multilevel degenerative disc disease, facet arthropathy and neural foraminal narrowing. The EMG was positive for L5, S1 radiculopathy. The patient had completed PT, chiropractic treatments and epidural steroid injections. The March, 2014 UDS was consistent. On 5/1/2014, [REDACTED] noted subjective complaints of low back radiating to the lower extremity. There was tenderness to the lumbar paraspinal muscles and left foot drop. The medications are etodolac and hydrocodone for pain and Flexeril for muscle spasm. A Utilization Review determination was rendered on 6/20/2014 recommending non certification for hydrocodone/APAP 10/325mg 15 day supply #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10-325mg, Days supply 15 qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 115,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to treatment with standard Non-Steroidal Anti-Inflammatory Drugs (NSAID) Physical Therapy (PT) and other treatment options. The records show that the patient completed, PT, chiropractic and interventional pain treatment programs. The patient is compliant with the Opioid treatment. The Urine Drug Screen (UDS) is consistent. There are no documented adverse effects or aberrant drug behavior. The patient reported reduction in pain and improvement in function with the utilization of the medications. The criteria for the use of Hydrocodone/APAP 10/325mg 15 day supply #60 was met.