

<b>Case Number:</b>	CM14-0156776		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Texas and Florida. 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 8/11/2011. The diagnoses are left shoulder, neck and low back pain. The MRI of the left shoulder showed tendinosis and acromioclavicular joint arthritis of the supraspinatus. On 8/13/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities. The pain score was 7/10 on a scale of 0 to 10. There were objective findings of muscle spasm, positive leg raising test and sensory loss to the lower extremities dermatomes. The patient completed physical therapy, acupuncture treatments and transforaminal epidural injections. The patient reported 50% reduction in pain and improved function with the use of pain medications. The medications are Hydrocodone for pain and Norflex for muscle spasm. A Utilization Review determination was rendered on 9/16/2014 recommending non certification for Hydrocodone/APAP 10/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** The California MTUS and the ODG recommend that opioids can be utilized for the treatment of exacerbation of chronic musculoskeletal pain. Opioids can also be utilized for the maintenance treatment of chronic pain after non opioid medications; physical therapy, interventional pain injections and surgical options are contraindicated or have been completed. The records indicate that the patient could not tolerate NSAIDs. The requested transforaminal epidural injections were not authorized. The patient reported significant pain relief with improvement in physical functions with utilization of Hydrocodone. There are no side effects or aberrant behaviors reported. The criterion for the use of hydrocodone/APAP 10/325mg #90 was met.