

<b>Case Number:</b>	CM14-0169978		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	07/22/1992
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 of an unknown age, female, who reported an injury on 07/22/1992 due to an unknown mechanism. Diagnoses were status post L2-5 laminectomy and spinal fusion with instrumentation and status post right total hip arthroplasty. Past treatments were medications, physical therapy and surgeries. Physical examination dated 09/15/2014 revealed that the injured worker was able to walk for longer periods of time. However, she has lost some strength from being hospitalized for 2 months. Present complains were of low back weakness, initially improved with physical therapy until recent hospitalization. Motor and sensory function of the lower extremities was intact. The injured worker arose from a seated to standing position without difficulty. The injured worker ambulated with a cane. Lumbar range of motion was moderately decreased, but painless. Treatment plan was to resume physical therapy twice a week and take medications as directed. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco,Ongoing Management Page(s): 75,78.

**Decision rationale:** The decision for hydrocodone/acetaminophen 10/325 mg quantity 90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The 4 A's for ongoing management of an opioid medication were not documented. The VAS pain score was not reported for the injured worker. There was no documentation of objective functional improvement for the injured worker or any reports of activities of daily living. The request submitted for review does not indicate a frequency for the medication. There was a lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Therefore, this request is not medically necessary.