

<b>Case Number:</b>	CM14-0176451		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	05/20/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 63 year old male who was injured on 5/20/2008. The diagnoses are bilateral knee pain and lumbar radiculopathy. The past surgery history is significant for lumbar spine decompression surgery in 2012. The patient completed PT, knee and epidural steroid injections. The MRI of the lumbar spine showed lumbar spine spinal stenosis and foraminal stenosis. On 9/16/2014, [REDACTED] / [REDACTED] noted subjective findings of pain score of 4/10 with medication and 6/10 without medication on a scale of 0 to 10. The low back pain was associated with pins and needles sensation of the lower extremities. There were objective findings of positive lumbar facet loading, positive straight leg raising test, decreased range of motion of the lumbar spine and bilateral lumbar paraspinal area muscle tenderness. The UDS was consistent on 9/16/2014. The medications are Naproxen and Norco for pain and Nortriptyline for neuropathy. A Utilization Review determination was rendered on 10/11/2014 recommending modified certification for 7.5/325mg #90 to #56.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 7.5/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-94. 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 exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The documentation required during the chronic use of opioids medications are UDS, absence of aberrant behavior and side effects and functional restoration. The records indicate that the patient completed treatment with PT, NSAIDs and interventional pain injections. There is documentation of reduction on pain with increase in physical function. The UDS is consistent. There is no documentation of aberrant behavior or adverse effects. The criteria for the use of hydrocodone/APAP 7.5/325mg #90 was met.