

<b>Case Number:</b>	CM14-0185206		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	04/02/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Internal Medicine 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:

Pursuant to a progress note dated October 17, 2014, the IW complains of low back pain and bilateral leg pain radiating all the way down with burning in the heels, right side worse than left. His walking limit is less than 1 block. Physical examination revealed the IW is having trouble rising from a sitting position. He has antalgic posture and limps when he walks. He has a forward lurch. The IW has been diagnosed with spinal lumbar stenosis, and fusion failure. The provider is requesting a new set of x-rays and an MRI scan to assess the status of the fusion and the segments nearby. The provider indicated that he would prescribe Dilaudid 4mg every 4 hours as needed to boost his pain coverage. There is no mention of Norco 4mg in the notes provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 4 Mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long Term Assessment Page(s): 88.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/acetaminophen 4 milligram #120 is not medically necessary. Long-term opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is a 52-year-old man with an injury to his lower back sustained April 2, 2009. The injured worker has undergone lumbar decompression and fusion L3 L4 and L4 L5. Documentation does not reflect objective functional improvement associated with ongoing use of hydrocodone. Additionally, there is no evidence of opiate compliance with urine drug screens. There is a notation regarding the dosing of hydrocodone/acetaminophen 4 milligram. Hydrocodone/acetaminophen does not come to 4 mg strength. The treating physician's office was called and stated they stated the strength was 4 mg. Hydrocodone does not come in 4 mg strength. Consequently, Hydrocodone/acetaminophen 4 milligram #120 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Hydrocodone/acetaminophen 4mg #120 is not medically necessary.