

<b>Case Number:</b>	CM14-0044215		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/09/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Occupational 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:

This 49-year-old patient had a date of injury on October 9, 2005. The mechanism of injury was not noted. In a progress noted dated March 12, 2004, subjective findings included the patient claims pain still gets to a 10, right leg bothered her a little more lately, which was better after surgery, and depression has gotten better since pt went back to work. On a physical exam dated March 12, 2014, objective findings included back tender about the L-spine along the spine and on both sides, and patient able to bend over with fingertips about 8 inches above the knees. Diagnostic impression shows degeneration of intervertebral disc, site unspecific, and dysthymic disorder. Treatment to date: medication therapy, behavioral modification, surgery, physical therapy. The UR decision dated March 31, 2014 denied the request for hydrocodone/APAP 10/325 #130 for sixteen-day supply, between April 15 and May 1, 2014. The rationale for the decision could not be located in the reports viewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 mg 130 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress note dated March 12, 2014, the patient is documented to have been on Norco 10/325 as well as fentanyl patch since at least April 8, 2013, with status post posterior lumbar fusion redo on September 16, 2013. In the reports viewed, there was no documented functional improvement with the patient's opioid regimen. Furthermore, the addition of Norco 10/325 #240 for sixteen-day supply to this regimen equates to a morphine equivalent dose of 300, exceeding the recommend daily maximum of 200. This puts the patient at risk for opioid toxicity symptoms such as respiratory depression. Therefore, the request for Hydrocodone/APAP 10/325 130 count is not medically necessary.