

<b>Case Number:</b>	CM14-0048837		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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, Pain Medicine, and is licensed to practice in Texas. 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 a 69-year-old male who is reported to have sustained multiple trauma as a result of a high speed rear-end collision occurring on 11/18/13. It is reported that the injured worker sustained injuries to his neck, low back and a head injury. Computerized tomography (CT) of the head was performed on 12/05/13 which was negative for any intracranial pathology. The records indicate that the injured worker was referred to physical therapy and has been maintained on oral medications of cyclobenzaprine and naproxen. Magnetic resonance imaging of the thoracic spine dated 01/17/14 revealed degenerative changes. CT of the cervical spine dated 01/17/14 showed multilevel cervical spondylosis. The injured worker continues to have subjective complaints of neck and low back pain. Serial records indicate that the injured worker was maintained on both cyclobenzaprine and naproxen without side effects. The clinical record contains a utilization review determination dated 03/15/14 in which a request for hydrocodone-acetaminophen 5/235 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Hydrocodine-Acetaminophen 5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and Therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-80.

**Decision rationale:** The request for hydrocodone-acetaminophen 5/325mg is not supported as medically necessary. While the record indicates that the injured worker sustained traumatic injuries to the neck and back, there is no evidence of intracranial pathology. Imaging studies indicate that there are multilevel degenerative changes throughout the cervical and thoracic spines. The injured worker has been referred to physical therapy which was appropriate and he was provided the oral medications naproxen and cyclobenzaprine which were appropriate for the conditions. The record provides no data to establish that the injured worker's symptoms are such that opiate medications are required nearly 6 months post date of injury. As such, the medical necessity of the one prescription of Hydrocodine-Acetaminophen 5/325mg has not been established.