

<b>Case Number:</b>	CM14-0053542		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/30/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate the injured worker is a 55 year old male, reportedly injured on October 30, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 7, 2014, indicated that there were ongoing complaints of low back pain. This record also noted that it has been more than one year since the injured employee had been evaluated by this treating provider. There were no noted lower extremity symptoms or radicular complaints offered. The injured worker stated he takes approximately 2 tablets of hydrocodone per day and continues to work full duty. The physical examination demonstrated tenderness to palpation of the lower lumbar spine and negative straight leg raising bilaterally. The sensory/motor/deep tendon reflexes examinations were "normal" and a decrease in lumbar spine range of motion was reported. Diagnostic imaging studies were reported to indicate degenerative changes in the lumbar spine with an anterior listhesis and degenerative facet disease. Previous treatment included bilateral knee surgeries, multiple medications, and other conservative measures. A request had been made for hydrocodone and was not certified in the pre-authorization process on April 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP 5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Opioids Page(s): 22, 67-68, 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

**Decision rationale:** The records reflect that this injured employee has not been seen for greater than one year. At the followup evaluation, there was a normal assessment as there were normal deep tendon reflexes, motor loss, sensory loss, or any other significant physical examination findings. Furthermore, there is no narrative outlining the efficacy or utility of the proposed medication. Lastly, as outlined in the MTUS, this medication is for the short-term management of moderate to severe breakthrough pain. Given that the nidus of the pathology is not presented, there is insufficient data presented in the single progress note reviewed to suggest a medical necessity of this medication.