

<b>Case Number:</b>	CM14-0065579		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/28/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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:

The injured worker is a 51 year old male injured on 07/28/09 due to an undisclosed mechanism of injury. Current diagnoses include back ache. The documentation indicates the injured worker underwent bilateral L4-5 foraminotomy and lateral recess decompression on 01/11/13. The clinical note dated 04/09/14 indicates the injured worker is 15 months postoperative with complaints of low back and left hip pain with associated numbness bilaterally in the legs and feet. Physical examination reveals use of cane for ambulation with limp noted, and lumbar range of motion remains less than 50% of normal. The injured worker reports Morphine is not controlling pain levels and is requesting prescription for Percocet. The documentation indicates the injured worker utilizing Hydrocodone at levels higher than prescribed. The injured worker was directed to refrain from Hydrocodone and Morphine use. A prescription for Oxycodone 20mg without Tylenol every 4 hours was provided. The request for Hydrocodone 10/325mg #180 was initially non-certified on 04/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone10/325 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted in the clinical documentation, the injured worker was directed to refrain from Hydrocodone and Morphine use. A prescription for Oxycodone 20mg without Tylenol every 4 hours was provided. As such, the request for Hydrocodone 10/325 mg #180 cannot be recommended as medically necessary.