

<b>Case Number:</b>	CM14-0078352		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Management, and is licensed to practice in Tennessee. 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 63 year old patient had a date of injury on 1/22/2007. The mechanism of injury was not noted. In a progress noted dated 4/7/2014, subjective findings included pain in bilateral low back with radiation into her left leg and right buttock areas. The pain at night affects her sleep patterns, and medications only slightly help. On a physical exam dated 4/7/2014, objective findings included pain with extension of lumbar spine, and there is pain with int and external rotation of left hip and with abduction. Gait is left antalgic. Diagnostic impression shows myalgia, pelvic/hip pain, degeneration of lumbar intervertebral disc, displacement of lumbar disc. Treatment to date: medication therapy, behavioral modification. A UR decision dated 5/15/2014 denied the request for Hydrocodone/APAP 325, stating that the drug screen showed marijuana. There is no documentation showing the patient is not currently using marijuana.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 325:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP Page(s): 91.

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

**Decision rationale:** CA MTUS 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 this case, the patient is unemployed, and has a history of aberrant drug behavior. A repeat urinary drug screen showing compliance with opioid therapy and abstinence from aberrant behavior would be necessary to substantiate a request for this opioid. Therefore, the request for Hydrocodone/APAP 325 is not medically necessary.