

<b>Case Number:</b>	CM14-0088598		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/05/2002
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 & 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 that this 71 year old male was reportedly injured on February 5, 2002. The mechanism of injury is undisclosed. The most recent progress note, dated May 31, 2014, indicated that there were ongoing complaints of neck and low back pains. The physical examination demonstrated a 5'5", 130 pound male who is hypertensive (148/98) and notes no change from his prior evaluation. The cervical spine range of motion was reported to be decreased. There was tenderness to palpation with muscle spasm. Diagnostic imaging studies were not reviewed. Previous treatment included narcotic medications and conservative care. A request was made for Vicodin and was not certified in the preauthorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg, qty 150 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** As outlined in the Medical Treatment Utilization Schedule (MTUS), this is a short acting opioid medication indicated for the management of moderate to severe breakthrough pain. The pain complaints are constant, and the progress notes indicate that there has not been any improvement with this medication. Furthermore, there is no objectification of any increase in functionality or decrease in symptomatology. As such, when considering the parameters outlined in the MTUS and by the progress notes presented for review, the physical examination noted there is insufficient clinical data to support the medical necessity of the ongoing use of this medication. Therefore the request is not medically necessary.