

<b>Case Number:</b>	CM14-0093744		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/14/1998
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 68-year-old female who reported an injury on 08/14/1998 due to a fall. On 06/20/2014, the injured worker's diagnoses were multiple injuries, lumbar sprain, chronic pain syndrome, lower extremity weakness, rule out spinal myelopathy/spinal cord compression, cervical, thoracic, lumbar contributing to the low back condition and weakness. There was bilateral upper extremity numbness and tingling. On examination, the injured worker gets in and out of a chair with some struggling and difficulty. There was a tight, tender bilateral paravertebral trigger point muscles, and left buttock sciatic region had discomfort. A sitting straight leg raise gave her pull down the back, right leg and left leg at 90 degrees. Medications included opioids and benzodiazepines; a current medication list was not provided. The provider recommended hydrocodone/APAP 10/325 mg with a quantity of 120; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78..

**Decision rationale:** The request for Hydrocodone/APAP 10/325 mg with a quantity of 120 is not medically necessary. The California MTUS recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, this request is not medically necessary.