

<b>Case Number:</b>	CM14-0096157		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/11/2007
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Geriatrics and is licensed to practice in New York. 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 39 year old man with a date of injury of 4/11/07. He was seen by his primary treating physician on 6/11/14 with complaints of low back pain that was 'about the same'. His medications were controlling his pain and specifically hydrocodone reduced his pain by 60%. His exam showed his left leg with less numbness in L5-S1 and minimal lumbar spasms with straight leg raising. His achilles reflexes were decreased compared to the patella tendon reflex. Flexion at the waist was to 60 degrees. His medications included ibuprofen, omeprazole and hydrocodone/acetaminophen. His diagnoses were lumbar disc disease and post laminectomy syndrome. At issue in this review is the request to continue Hydrocodone/APAP 10-325 mg quantity 126. He has been taking this medication at a dose of 30-60mg for the last 6 years.

### 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 quantity 126:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 39 year old injured worker has chronic pain with an injury sustained in 2007. His medical course has included long-term use of several medications including narcotics. Per guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects are required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The medical doctor (MD) visit of 6/14 fails to document any improvement in functional status or discuss side effects to justify long-term use. He has a 60% reduction in pain but the records overall do not medically substantiate the long-term use of hydrocodone/APAP.