

<b>Case Number:</b>	CM14-0099679		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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 28 year old male with a date of injury on 10/9/12, who has been complaining of low back pain. On exam, there was diffuse tenderness at the lumbar spine associated with limited range of motion. SLR was positive on the right. Prior treatments include lumbar epidural injections x 2 times with some benefit. MRI of the L/S spine has showed L4-5 disk protrusion with mild displacement of traversing right L5 nerve root. Treatment plan was physical therapy, epidural injection, TENS and medications. He has been approved for physical therapy 3 x w for 4 weeks but failed to receive treatment due the result of pain. Continuing physical therapy was recommended. The injured worker is not interested any surgical treatment. Prior request for Hydrocodone 5/300mg # 60 was modified to # 45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Hydrocodone 5/30mg #60:** Upheld

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

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

**Decision rationale:** Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. These agents are often

combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, the medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain or function with its prior use. There is no evidence of urine drug screen to assess patient's compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for hydrocodone has not been established.