

<b>Case Number:</b>	CM14-0172547		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/03/2010
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2014

### 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 Occupational Medicine 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:

This is a 60-year-old male with a 12/3/10 date of injury, when he was getting down from a truck and felt sharp pain in his back. The patient was seen on 8/18/14 with complaints of 7/10 continued low back pain and issues with activity level. Exam findings revealed tenderness to palpation over the lumbar paraspinals and facet joints and decreased range of motion of the lumbar spine. The medication was well tolerated and the patient denied any side effects. The patient has been noted to be on Norco, Relafen and Prilosec. The diagnosis is lumbago and depression. Treatment to date: work restrictions, physical therapy, chiropractic treatments, facet injections and mediations. An adverse determination was received on 9/25/14. The request for Hydrocodone/APAP 10/325mg days 90 QTY 270 was modified to QTY 250 for a lack of signed opioid management contract and documented medical necessity and weaning was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg days 90 QTY 270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates 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. The progress notes indicated that the patient was utilizing Norco at least from 4/2/14, however given the 2010 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit or aberrant behavior. In addition, during the encounter dated 8/18/14 the patient reported 7/10 low back pain with the medications. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Lastly, the UR decision dated 9/25/14 modified the request for Hydrocodone/APAP 10/325mg days 90 QTY 270 to QTY 250 for purpose of weaning. Therefore, the request for Hydrocodone/APAP 10/325mg days 90 QTY 270 was not medically necessary.