

<b>Case Number:</b>	CM14-0205018		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Preventive 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:

According to the records made available for review, this is a 58-year-old male with a 7/30/03 date of injury. At the time (9/26/14) of request for authorization for Hydrocodone/APAP 10/325mg #90, there is documentation of subjective (constant low back pain with radiation to the right hip and lower extremity with weakness extending to the toes) and objective (gait antalgic, diffuse tenderness to palpation of the lumbar spine, decreased lumbar range of motion, 4+/5 motor strength of the right tibialis anterior, plantar, inversion, eversion, and extensor hallucis longus, and decreased Achilles and patella reflexes bilaterally) findings, current diagnoses (lumbar radiculopathy, degenerative disc disease of the lumbar spine, herniated nucleus pulposus of the lumbar spine, and grade 1 spondylolisthesis at L4-5), and treatment to date (medications (including ongoing treatment with Ketoprofen and Norco (which decreases his pain and normalize his function))). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, degenerative disc disease of the lumbar spine, herniated nucleus pulposus of the lumbar spine, and grade 1 spondylolisthesis at L4-5. In addition, given documentation of ongoing treatment with Norco which normalizes his function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 10/325mg #90 is not medically necessary.