

<b>Case Number:</b>	CM14-0210973		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/20/2010
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61-year-old female who sustained an industrial injury on 6/20/10. Diagnoses are chronic ongoing lumbosacral radiculitis down the left leg, status post L4-L5 laminectomy and decompression 9/17/12 with residuals, possible discitis or osteomyelitis (MRI), and ulcers as a result of medication use. In a progress report dated 5/19/14, a treating physician notes subjective complaints of ongoing chronic low back pain with left sided radiculopathy. She notes that the topical medication has helped a lot with back pain. She continues to work about 27 hours a week. Physical exam of the low back notes flexion of 35 degrees, which is improved, extension to 20 degrees with some muscle guarding and tenderness to palpation along the facet joints. Straight leg raise is positive. The dermatomal distribution is an L5 dermatome that radiates down the lateral portion of the fifth toe. The treatment plan is a consultation with a spine surgeon and medications; Gabapentin quantity 120, Hydrocodone quantity 60, Naproxen, Omeprazole, and topical cream. She has been responsive to medications and gets significant amount of relief and is able to be functional and working. A urine drug screen is not noted. She takes Hydrocodone when the pain is severe, averaging about two tablets a day. Previous treatment includes surgery, physical therapy, Gabapentin, Neurontin, Diclofenac, Omeprazole, Tramadol, Topical Terocin cream, and epidural injections. The requested treatment is for retrospective Hydrocodone/APAP 2.5/325 mg, #60 10/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Hydrocodone/APAP 2.5/325mg #60 10/30/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 44, 47, 75-79, and 120.

**Decision rationale:** Regarding the request for hydrocodone/APAP, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is noted that the patient had apparently received a 2-month supply of the medication approximately one month prior to the current request and there is no discussion regarding appropriate medication use/aberrant behavior. As such, there is no clear indication for the request. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone/APAP is not medically necessary.