

<b>Case Number:</b>	CM14-0217194		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Preventive Medicine, Occupational Medicine

### 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 45 year old male, who sustained an industrial injury on 10/31/2012. Diagnoses include disc disorder, lumbar region. Treatment to date has included surgical intervention. Per the Primary Treating Physician's Progress Report dated 11/11/2014, the injured worker reported back pain. He states that his back is hurting more. He has had three laminectomies and fusions. Pain flares at the end of the day and work week. The pain is located in the lower right center and down the right leg. The right foot is numb all the time and cold. Physical examination does not record any clinical information regarding a lower back evaluation. The plan of care included medications and authorization was requested for Hydrocodone-acetaminophen 10/325mg #30. He is reported to utilize 1 in the evening due to increased pain. He continues to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Hydrocodone-acetaminophen 10-325mg #60.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

**Decision rationale:** MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief, functional support (particularly a return to work) and a lack of drug related aberrant behaviors. This individual meets Guideline criteria for continued use. He utilizes it very little, it helps with sleep when pain is present, he has remained at work and there is no hint of misuse. Under these circumstances the Hydrocodone-acetaminophen 10-325mg #60 is supported by Guidelines and is medically necessary.