

<b>Case Number:</b>	CM15-0001262		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on September 14, 2011. He has reported injuries to his lower back, left knee, left arm, right wrist and his head. The diagnoses have included lumbago and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included participation in a functional conditioning program and pain medications. Currently, the injured worker complains of mild to moderate pain in the lumbar region with occasional weakness in the left lower extremity. The injured worker reported improved flexibility, strength, endurance, balance, postural awareness and decreased pain upon participation in the functional conditioning program. His overall pain has decreased as well. On December 15, 2014, Utilization Review non-certified a request for hydrocodone 10/325 mg #90, noting that there was no indication of failure of first-line medications. The MTUS was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of hydrocodone 10/325 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg, #90 prescribed 11/25/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone 10/325 mg #90 date of service November 25, 2014 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured workers working diagnoses are lumbosacral spondylosis without myelopathy; sciatica; lumbar radiculopathy; and low back pain. Subjectively, the injured worker complained of pain in the left lower back and left leg. Objectively, there was no physical examination reported. Norco was prescribed as far back as May 8, 2014. (Approximately 10 months ago). The documentation did not contain any evidence of objective functional improvement associated with its ongoing use. There were no pain assessments in the medical record and there were no risk assessments. Consequently, absent clinical documentation with evidence of objective functional improvement, hydrocodone 10/325 mg #90 date of service November 25, 2014 is not medically necessary.