

<b>Case Number:</b>	CM15-0131898		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: 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 38 year old male who sustained an industrial injury on 03/19/2012. Current diagnoses include degeneration of lumbar/lumbosacral disc, sciatica, and disorders of sacrum. Previous treatments included medications and home exercise program. Report dated 06/08/2015 noted that the injured worker presented with complaints that included intermittent spasms and increased back pain since returning to work. It was noted that the back pain is also associated with pain and numbness radiating down the lower extremities. Current medication regimen includes Norco which he usually takes twice per day, but will take up to three times per day when his pain is severe. The injured worker reports 50% decrease in pain level which increases his tolerance to standing and walking, and also cares for his young daughter with less pain while bathing her and lifting her. Pain level was not included. Physical examination revealed spasm and guarding in the lumbar spine. The treatment plan included requests for Flexeril and hydrocodone-APAP and follow up in two months. Urine drug screening dated 04/13/2015 was positive for cannabinoids (THC). Disputed treatments include hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 76-94.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The medical records submitted for review indicate that the injured worker has been prescribed hydrocodone since at least 10/20/2014 with no change in dosage or frequency, and medical appointments have continued at a bi-monthly visits. Also the urine drug screen performed on 04/13/2015 was positive for cannabinoids (THC) which supports aberrant behavior. Therefore the request for Hydrocodone 10/325mg #75 is not medically necessary.