

<b>Case Number:</b>	CM15-0138186		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 64 year old male who sustained an industrial injury on 07/27/2007. Mechanism of injury was not found in documentation present for review. Diagnoses include brachial neuritis or radiculitis, lumbar radiculopathy, internal derangement of the knee, enthesopathy of the hip and fasciitis not otherwise classified. Treatment to date has included diagnostic studies, medications, and a psychology evaluation. His current medications include Norco, Omeprazole, Ketoprofen, Ativan, Orphenadrine ER and docusate Sodium. A physician progress note dated 06/10/2015 documents the injured worker presents for his medication refills. The injured worker continues to have back, bilateral hip pain, and bilateral knee pain. His medications help him sleep and function as well as do activities of daily living, and manage his pain. The cervical spine range of motion is restricted and the paravertebral muscles are tender. His bilateral wrist joint lines are tender to palpation. He has a positive Tinel's and Phalen's bilaterally. There is reduced grip strength, and sensation is reduced in the bilateral median nerve distribution. Lumbar spine paravertebral muscles are tender to palpation and spasm is present. Range of motion is restricted and there is a positive straight leg raising test. Sensation is reduced in the bilateral L5 dermatomal distribution. His bilateral knees joint lines are tender to palpation and he has positive McMurray's. He has been on Norco since at least 01/06/2015. Treatment requested is for Hydrocodone 10/325mg (120 tabs).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #120 tabs, 4 per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking hydrocodone 10/325 mg without evidence of significant benefit in pain or function to support long term use. The request for hydrocodone 10/325 mg #120 is not medically appropriate and necessary.