

<b>Case Number:</b>	CM15-0144020		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	12/28/2006
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Texas, Illinois

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 36-year-old female, who sustained an industrial injury on 12-28-2006. The injured worker was diagnosed as having lumbar disc herniation, status post laminectomy and discectomy of the lumbosacral spine, thoracic spine disc bulges. Treatment to date has included medications, and pain injections. The request is for prospective use of Hydrocodone-apap 5- 325mg #30. On 2-9-2015, she is taking Hydrocodone, Naproxen, Omeprazole, and Tramadol and is in need of refills. She reported low back pain rated 3, and her left leg has numbness into the toes. On 4-20-2015, she reported no new injuries since her last visit. She is not currently attending therapy, and is working part time with restrictions. She reported low back pain with radiation down to the toes on the left and associated numbness and tingling. Physical findings revealed tenderness over the superior left iliac spine. The treatment plan included: Naproxen, Omeprazole, Cyclobenzaprine, and Tramadol, continue Hydrocodone-apap, injection of Ketorolac with Xylocaine in the upper arm or upper buttock for pain. She is noted to have been prescribed Hydrocodone-apap since at least December 2014, possibly longer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-88.

**Decision rationale:** The injured worker sustained a work related injury on 12-28-2006. The medical records provided indicate the diagnosis of having lumbar disc herniation, status post laminectomy and discectomy of the lumbosacral spine, thoracic spine disc bulges. Treatment to date has included medications, and pain injections. The medical records provided for review do not indicate a medical necessity for Hydrocodone/Acetaminophen 5/325mg #30. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 12/2014, but there is no evidence of proper monitoring; or evidence of documentation of 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. This request is not medically necessary.