

<b>Case Number:</b>	CM15-0147747		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	02/28/1997
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 67-year-old female who sustained an industrial injury on 02-28-1997. Diagnoses include bilateral lumbar facet mediated pain; bilateral sacroiliac (SI) joint pain with bilateral piriformis syndrome; L1 wedge deformity with marrow edema; myofascial pain; and severe deconditioning. Treatment to date has included medications, physical therapy, radiofrequency nerve ablation and injections. According to the progress notes dated 7-8-2015, the IW reported she was recently hospitalized for pneumonia and had some ongoing infection. She complained of continued right lower back-hip pain; the SI joint, trochanter and piriformis injection scheduled for that day was put on hold until her infection resolved. She had 70% pain relief in her lower back from the recent lumbar radiofrequency nerve ablation. The myofascial discomfort and sensitivity in the right hip and buttock continued. She had decreased her Hydrocodone from nine per day to eight per day and continued on Tramadol ER for continuous pain control. On examination, she appeared uncomfortable, thin, pale and fatigued. Her gait was somewhat antalgic. There was scoliosis of the thoracic and lumbar spine. The right greater trochanter, bilateral SI joints and right quadratus lumborum were tender to palpation. She had improved ability to extend at rotate in the lumbar spine. The upper extremities exam was unremarkable. In the lower extremities, motor strength was decreased bilaterally - 3 over 5 on the right and 4 over 5 on the left - due to deconditioning. Lower extremity reflexes were within normal limits and equal bilaterally. Sensation was diminished in the right heel. A request was made for Hydrocodone 10-325mg, #240 for pain.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone 10/325 mg, 240 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone and Tramadol for over a year without significant improvement in pain or function. The claimant still required invasive procedures for pain relief. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.