

<b>Case Number:</b>	CM15-0161531		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	06/04/2002
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female who sustained an industrial injury on June 04, 2002. A follow up dated June 15, 2015 reported subjective complaint of ongoing stabbing back pain that radiates down the right lower extremity associated with spasms. The impression noted strain and sprain injury to the lumbar spine, severe degenerative disc disease, disc herniation at L5-S1 impinging on the right S1 nerve root with right leg sciatic symptoms and neuropathic pain. She is also status post a carotid endarterectomy. The following noted refilled: Norco 5mg 325mg; Limbrel, Ambien, Glucosamine and Valium. She is to resume exercises and medications. At follow up dated September 08, 2014, December 15, 2014, January 14, 2015, February 16, 2015, and March 18, 2015 all medications noted refilled. Back at follow up on October 17, 2013 showed medication regimen consisting of: Vicodin 5mg 500mg, Limbrel, Glucosamine. A progress report dated March 18, 2015 states that the patient's pain medication reduces her pain from 10/10 to 4/10 with 50% functional improvement from the medications. The note indicates that a narcotic agreement is in place and urine drug screens have been appropriate. She is recommended to resume her exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, (Effective July 18, 2009) Page(s): 44, 47, 75-79 and 120.

**Decision rationale:** Regarding the request for Hydrocodone, California Pain, Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Hydrocodone is medically necessary.