

<b>Case Number:</b>	CM15-0169182		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 is a 58 year old male, who sustained an industrial injury on 6-04-2014. The injured worker was diagnosed as having lumbar disc disease and medial meniscus tear. Treatment to date has included diagnostics, lumbar epidural steroid injection, transcutaneous electrical nerve stimulation unit, physical therapy, and medications. Currently (7-24-2015), the injured worker complains of back pain with radiation down the right leg posterolaterally. He stopped taking Lyrica due to joint pain and was feeling better now. He reported bending down to pick something up about 2 weeks prior and his back began to hurt and "he was down for 3 days." His pain was not rated and he reported taking Norco twice daily unless he was in more pain. Exam of his spine noted tenderness and spasm. Exam of his extremities noted "decreased range of full range of motion" and painful valgus stress. He remained off work. Magnetic resonance imaging of the lumbar spine (8-01-2014) noted multi-level lumbar canal stenosis and foraminal narrowing, chronic mild anterior wedging of T12, chronic moderate wedging of L1, and stable mild dextroscoliosis. Magnetic resonance imaging of the left knee (7-10-2015) noted suspicion for tear in the posterior horn of the medial meniscus, a large loculated cyst along the posterolateral aspect of the medial femoral condyle, and chondromalacia. The use of Hydrocodone-Acetaminophen was noted since at least 10-2014. Urine toxicology was not submitted. The treatment plan included the continued use of Hydrocodone. On 8-18-2015, the Utilization Review modified the request for Hydrocodone-Acetaminophen 10-325mg # 75 to Hydrocodone-Acetaminophen 10-325mg #32.

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

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**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 opioids including Tramadol for the past several years without consistent documentation of pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.