

<b>Case Number:</b>	CM15-0192645		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: 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 48 year old female who sustained an industrial injury on 4-9-09. The injured worker reported low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for sciatica. Medical records dated 8-11-15 indicate severe low back pain with pain rated at 6 out of 10. Treatment has included Norco since at least March of 2015, Flector since at least March of 2015, Soma since at least March of 2015, nonsteroidal anti-inflammatory drugs since at least March of 2015, Pilates, myofascial release and status post failed back surgery. Objective findings dated 8-11-15 were notable for "motor strength normal upper and lower extremities, sensory exam intact. Back: chronic severe low back pain can walk - 12 blocks can sit 2 hrs then must move position." The original utilization review (9-1-15) partially approved a request for Hydrocodone-APAP 10-325mg, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** The requested Hydrocodone/APAP 10/325mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has severe low back pain with pain rated at 6 out of 10. Treatment has included Norco since at least March of 2015, Flector since at least March of 2015, Soma since at least March of 2015, nonsteroidal anti-inflammatory drugs since at least March of 2015, Pilates, myofascial release and status post failed back surgery. Objective findings dated 8-11-15 were notable for motor strength normal upper and lower extremities, sensory exam intact. Back: chronic severe low back pain can walk - 12 blocks can sit 2 hrs then must move position. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone/APAP 10/325mg, #90 is not medically necessary.