

<b>Case Number:</b>	CM15-0199208		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 36 year old male, who sustained an industrial injury on 7-25-2012. Diagnoses include chronic pain syndrome, lumbar disc degeneration, and sprain of the coccyx. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, and lumbar epidural steroid injections. On 9-14-15, he complained of ongoing pain rated 4 out of 10 VAS with medication and 7 out of 10 VAS without medication. This was an increase from the visit on 8-24-15, where pain was rated 5 out of 10 VAS without medication and 4 out of 10 VAS with medication. The record documented Hydrocodone-APAP 10-325mg prescribed since at least 1-29-15. Additional medications included Etodolac 400mg twice daily. The record documented "without the medication I would not be able to exercise routinely." The physical examination documented "shifted while seated to avoid pressure on the tailbone." The plan of care included continuation of medication therapy. The appeal requested authorization for Hydrocodone-APAP 10-325mg, one tablet four times a day, #120. The Utilization Review dated 9-15-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg four times a day quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**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 Hydrocodone for several months in combination with NSAIDS. Pain was increasing over time indicating tolerance to medications. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Hydrocodone (Norco) is not medically necessary.