

<b>Case Number:</b>	CM15-0204651		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: North Carolina

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 49 year old male, who sustained an industrial injury on December 05, 2008. The injured worker was diagnosed as having lumbar radiculopathy, anxiety disorder not otherwise specified, brachial neuritis or radiculitis not otherwise specified, and chronic pain syndrome. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated August 26, 2015 the treating physician reports complaints of persistent pain. Examination performed on August 26, 2015 was revealing for tenderness and spasms to the cervical paravertebral muscles, decreased range of motion to the cervical spine, tenderness and spasms to the lumbar paravertebral muscles, decreased range of motion to the lumbar spine, positive straight leg raises bilaterally, decreased sensation to the bilateral lumbar five dermatomes, and absent bilateral Achilles tendon reflexes. The injured worker's medication regimen on August 26, 2015, July 28, 2015, and June 30, 2015 included Hydrocodone-Acetaminophen (prescribed since at least March 04, 2015), Ketoprofen, Omeprazole DR, Amrix ER, Lidoderm Patch, Oxycodone HCl IR, and Oxycontin, but these progress notes did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. On July 28, 2015 and June 30, 2015 the treating physician noted that the injured worker's medication regimen allows the injured worker to perform activities of daily living. On August 26, 2015 the treating physician requested Hydrocodone-Acetaminophen tablet 10-325mg with a quantity of 120 noting current use of this medication. On September 17, 2015 the Utilization Review determined the request for Hydrocodone-Acetaminophen tablet 10- 325mg with a quantity of 120 to be non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP tab 10/325mg #120:** 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 California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.