

<b>Case Number:</b>	CM15-0209070		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 37 year old female, who sustained an industrial injury on May 1, 2014, incurring low back injuries. She was diagnosed with low back strain and sciatica. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, physical therapy, and home exercise program, topical analgesic gel, and work modifications. Currently, the injured worker complained of constant low back pain with radiating pain and paresthesia into the left lower extremity to the foot. Range of motion was noted to be limited in the lumbar region. A lumbar Magnetic Resonance Imaging revealed left foraminal stenosis and disc protrusion and facet arthropathy. Electromyography studies were unremarkable. She was diagnosed with left lumbosacral disc protrusion, lumbar stenosis and left lumbar radiculitis and facet arthropathy. The treatment plan that was requested for authorization included a prescription for Hydrocodone-Acetaminophen 10-325 mg, #150. On October 14, 2015, a request for Hydrocodone-Acetaminophen quantity #150 was modified to quantity #32 by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**150 tablets of Hydrocodone/Acetaminophen 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list.

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

**Decision rationale:** 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 decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.