

<b>Case Number:</b>	CM15-0022198		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/18/2005
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63-year-old male who reported an injury on 07/18/2005. The mechanism of injury was not specifically stated. The current diagnosis is low back pain. The injured worker presented on 01/15/2015 for a followup evaluation regarding chronic low back pain. It was noted that the injured worker was utilizing a very low dose of hydrocodone 10 mg twice per day, which allowed him to carry out activities of daily living. There was no physical examination provided on the requesting date. Treatment recommendations included continuation of the current medication regimen and a followup visit in 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 02/2014. There is no documentation of objective functional improvement. There was no comprehensive physical examination provided on the requesting date. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.