

<b>Case Number:</b>	CM15-0033805		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	12/18/2004
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Ohio, North Carolina, Virginia  
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 51 year old female, who sustained a work related injury on 12/18/04. She developed low back pain while moving a machine. The diagnoses have included depression, lumbar disc displacement without myelopathy, lumbar sprain/strain and chronic pain. Treatments to date have included oral medications, EMG of lower extremities dated 2/10/14, MRIs of lumbar spine dated 1/5/09 and 4/2/13, spinal cord stimulator trial with benefit and lumbar epidural steroid injections and facet injections without benefit. In the visit note dated 1/21/15, the injured worker complains of pain in right hip. She also complains of low back pain. She has pain that radiates down both legs. She states that medication, Topamax, has helped her to tolerate walking better, has decreased right leg symptoms and is helping her to sleep better. She states the Morphine she is taking is giving her much better pain relief. She states her pain has gone down from a 10/10 to a 4/10. She is able to tolerate daily activities much better. She has tenderness to palpation over lumbosacral musculature. She has spasm and guarding noted in lumbar spine. Straight right leg raise is positive. She has decreased range of motion in right hip. On 2/10/15, Utilization Review non-certified a request for Hydrocodone/Acetaminophen (APAP) 5/325mg., #10. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone Acetaminophen (APAP) 5/325mg #10: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Those prescribed opioids chronically require ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. The medical record shows that the injured worker had been utilizing morphine sulfate ER 60 mg twice a day as a long acting opioid with hydrocodone/acetaminophen 5/325 mg once daily, or less, for breakthrough pain. VAS pain scores were documented to be greatly improved as a consequence of the pain medication. Specific examples of improved functionality have been provided. Urine drug screen results and review have been provided. The previous utilization review physician would not certify Hydrocodone Acetaminophen (APAP) 5/325mg #10 on the basis that no objective functional deficits were seen on exam. However, the submitted medical record does demonstrate the injured worker walked with an antalgic gait and had light and sharp touch deficits to the right lateral calf. The requirements for the use of long and short acting opioids for breakthrough pain appear to be satisfied. Consequently, Hydrocodone Acetaminophen (APAP) 5/325mg #10 was medically necessary.