

<b>Case Number:</b>	CM15-0037184		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year-old female reported a work-related injury on 09/19/2014. According to the progress note dated 1/19/15, the injured worker (IW) reports improved back pain, but persistent lower extremity pain. The IW was diagnosed with lumbar discogenic pain - chronic - with flare-up. Previous treatments include medications and physical therapy. The Utilization Review (UR) on 02/17/2015 modified the requested services/treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetamin ophen 5/325mg #60 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 51 year old female with an injury on 09/19/2014. On 01/19/2015 her back pain had improved but she still had lower extremity pain. MTUS guidelines for on-going treatment with opiates required documentation of improved functionality with

respect to the ability to perform activities of daily living or work, monitoring for adverse effects and abnormal drug seeking behavior and documenting efficacy. Opioid medications may decrease physical and mental abilities. The documentation provided for review did not meet the MTUS guidelines for continuing opiate treatment. Hydrocodone is not medically necessary.