

<b>Case Number:</b>	CM15-0082476		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	12/29/1995
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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:

The injured worker is 45 year old female, who sustained an industrial injury on December 29, 1995. The mechanism of injury was not provided. The injured worker has been treated for mid-back complaints. The diagnoses have included lumbago, osteoporosis, thoracic disc degeneration and chronic thoracic pain. Treatment to date has included medications, radiological studies, physical therapy, Toradol injection, a home exercise program, lumbar spine surgery and thoracic surgery. Current documentation dated February 2, 2015 notes that the injured worker reported ongoing thoracic pain. Examination revealed pain with rotation of the thoracic spine and tenderness of the thoracic spinous processes and para spinous muscles. The treating physician's plan of care included a request for the medication Hydrocodone/Acetaminophen 10mg/325 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Hydrocodone/Acetaminophen 10mg /325mg #60:** Upheld

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

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

**Decision rationale:** The patient is a 45 year old female with an injury on 12/29/1995. She has back pain. A recent examination revealed tenderness of the thoracic spine and para spinal muscles. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria.