

<b>Case Number:</b>	CM15-0083851		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Massachusetts

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 71-year-old male, who sustained an industrial injury on 5/11/2012. Diagnoses have included lumbago, neural encroachment L4-5 and L5-S1 with radiculopathy. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 3/19/2015, the injured worker complained of low back pain rated 7/10 with right greater than left lower extremity symptoms. Physical exam revealed that lumbar range of motion was limited by pain. Authorization was requested for Hydrocodone 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of hydrocodone 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydricidibe/Acetaminophen, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than three years status post work-related injury and continues to be treated for radiating low back pain. When seen, pain was rated at 7/10. Physical

examination findings included decreased and painful lumbar spine range of motion. There had been a decrease in muscle spasms. Medications include hydrocodone being taken two times per day. Medications are referenced as without side effects. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, continued prescribing was not medically necessary.