

<b>Case Number:</b>	CM15-0238739		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	01/19/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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: North Carolina  
 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 49 year old male who sustained an industrial-work injury on 7-18-11. The injured worker was diagnosed as having facet osteoarthopathy of lumbar spine, multiple levels, lumbar spondylosis, rule out lumbar radiculopathy, and right knee pain. Treatment to date has included medication: hydrocodone, Cyclobenzaprine; physical therapy (failed), lumbar epidural steroid injection (failed), and diagnostics. MRI results were reported on 10-2-15 indicating disc protrusions at L2-3, L3-4, L4-5, L5-S1 with neural encroachment and facet osteoarthopathy at L3-4, L4-5, and L5-S1. Currently, the injured worker complains of low back pain rated 7 out of 10, right leg and right knee pain rated 3 out of 10. Per the primary physician's progress report (PR-2) on 10-15-15, exam noted decreased range of motion in all planes, tenderness of the lumbar spine, and positive straight leg raise on the right. There is tenderness to right knee at medial aspect, swelling, and range of motion at 0-100 degrees. Current plan of care includes medication refill. The Request for Authorization requested service to include Hydrocodone 10mg 4 times a day #120. The Utilization Review on 11-19-15 modified the request for Hydrocodone 10mg 4 times a day #100 to allow for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg 4 times a day #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.