

<b>Case Number:</b>	CM13-0048703		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 27 year old who was injured on 4/2/2012. The diagnoses are low back pain and sacroiliac joints pain. The past surgery history of significance for L5-S1 procedure was on 8/14/2013. On 10/7/2013, [REDACTED] noted subjective complaints of low back pain. On 10/14/2013, [REDACTED] noted subjective complaints of 7/10 pain score on a scale of 0 to 10. The patient reported low back pain radiating down the lower extremities. There was reduction in pain, increase in walking exercise and improvement of sleep with the use of prescribed medications. The medications are Hydrocodone and LidoPro for pain and Flexeril for muscle spasm. A Utilization Review determination was rendered on 10/28/2014 recommending modified certification for Hydrocodone/APAP 10/325 # 90 to #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#90 HYDROCODONE/APAP 10/325MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96.

**Decision rationale:** The CA MTUS guidelines recommend that Opioids could be utilized for the treatment of exacerbations of chronic musculoskeletal pain that did not respond to standard treatment with Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s, PT and exercise. Opioids could also be utilized for maintenance treatment when patients have exhausted conservative and surgical treatment options. The records indicate that the patient completed surgery, Physical Therapy (PT), Chiropractic treatments and non opioids medication treatments. The patient reported significant pain relief with increase in Activities of Daily LIVING (ADL) and decreased in pain and improved sleep. No aberrant behaviors were reported. The criterion of use of Hydrocodone/APAP 10/325mg #90 is medically necessary and appropriate.