

<b>Case Number:</b>	CM14-0135750		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/07/2002
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant is a 68 year old male who sustained an industrial injury on 03/07/2002. The mechanism of injury occurred when the patient slipped on some water and syrup on the ground and landed on his buttock. His diagnosis is lumbago. He continues to complain of low back pain. On exam he has an antalgic gait and increased pain with extension and rotation on the lumbar spine. There is spasm and guarding in the lumbar spine with negative straight leg raise test and normal sensation. Treatment includes medical therapy with Hydrocodone-Bit/APAP, Protonix, Cyclobenzaprine, Citalopram, and Vitamin D. The treating provider has requested Hydrocodone Bit/APAP 10/325 # 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone Bit/APAP 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 75 and 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 81, 92.

**Decision rationale:** There is no documentation provided necessitating the ongoing use of Hydrocodone/APAP 10/325 for the claimant's chronic pain condition. The literature indicates that in chronic pain analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. Opioid therapy for pain control should not exceed a period of 2 weeks and should be reserved for moderate to severe pain. The failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The guidelines recommend short term opiate use for acute pain, longer term use contingent upon ongoing functional improvement. The documentation provided indicates that there is no increased function noted with this extended opiate use therefore, continuation is not medically appropriate. Therefore the prospective request for #120 Hydrocodone/APAP 10/325 is not medically necessary.