

<b>Case Number:</b>	CM14-0142192		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/19/1996
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a remote history of a work injury occurring on 02/19/96. Treatments have included physical therapy, acupuncture, injections, and medications and he has taken hydrocodone since his injury in 1996. The claimant continues to be treated for chronic low back pain and muscle spasms with a diagnosis of a lumbar strain. He was seen on 07/23/13 with back pain with occasional paresthesias in the legs. On 10/23/13 prior treatments had included acupuncture. He was continuing to try to exercise at a gym. Physical examination findings included a weight of over 300 pounds. There was decreased and painful lumbar spine range of motion. Imaging results are referenced as having shown advanced disc disease. He was not considered a surgical candidate. Hydrocodone/ibuprofen was refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ibu 7.5 mg -200 mg Qty 200 days 20:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8,.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. He has taken hydrocodone/ibuprofen on a long term basis. He has advanced lumbar degenerative disc disease and is not a surgical candidate. He is reported to be taking medications appropriately. Being prescribed is hydrocodone 7.5 mg # 200 over 20 days which equals 10 tablets per day or 75 mg of hydrocodone. This equals a total MED (morphine equivalent dose) of 75 mg/day. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The claimant's total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of hydrocodone/ibuprofen was medically necessary.