

<b>Case Number:</b>	CM14-0164383		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/11/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of aquatic therapy. In a Utilization Review Report dated September 3, 2014, the claims administrator failed to approve a request for hydrocodone-acetaminophen, reportedly on the grounds that the applicant has failed to demonstrate improvement with the same. The UR report was quite sparse and did not incorporate cited guidelines into its rationale. In an August 29, 2014 progress note, the applicant reported persistent complaints of low back pain, myofascial pain, and lumbar radicular pain. The applicant was asked to continue home exercises and walk on a daily basis. Aquatic therapy was also sought. The applicant was asked to employ Tylenol and naproxen as needed. In an August 26, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was not working, it was acknowledged. Diminished lumbar range of motion was noted. Permanent work restrictions were renewed. There was no mention made of Vicodin on this date. In a July 15, 2014 progress note, the applicant was asked to continue unspecified medications, including Zanaflex and Tylenol. On June 6, 2014, the applicant was again asked to continue Zanaflex, Tylenol, and topical lidocaine. There was no mention made of the applicant using Vicodin on this occasion. On April 2, 2014, the applicant was given prescriptions for Lidoderm, Tylenol, and Zipsor, again with no explicit mention of the applicant using Vicodin. In a handwritten note dated September 23, 2014, difficult to follow, not entirely legible, the applicant was described as having questionable allergy to hydrocodone. The applicant was not working, it was acknowledged.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acaminophen 5mg-30mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-acetaminophen section. Page(s): 91.

**Decision rationale:** While page 91 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that hydrocodone-acetaminophen is indicated in the treatment of moderate to moderately severe pain, in this case, however, the attending provider did not outline the presence of moderate-to-moderately severe pain on any of the progress notes surrounding the date of the Utilization Review Report. There was no mention of the need for introduction of hydrocodone-acetaminophen. Several progress notes, referenced above, failed to make any mention of hydrocodone-acetaminophen. In fact, a September 23, 2014 progress note, referenced above, suggested that the applicant was possibly allergic to hydrocodone-acetaminophen. The request, thus, cannot be supported as the attending provider does not appear to have outlined the need for introduction of hydrocodone-acetaminophen on any of the progress notes referenced above. Therefore, the request is not medically necessary.