

<b>Case Number:</b>	CM14-0097687		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Iowa. 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:

This patient is a 47 year-old male with a date of injury of 12/05/08. A review of the medical documentation indicates that the patient is undergoing treatment for low back pain. Subjective complaints (05/06/14) include severe low back pain. Objective findings (05/06/14) include reduced range of motion, tender paravertebral muscles, positive straight leg test, reduced reflexes, and diminished sensation. The patient has undergone multiple imaging studies, latest MRIs (2013) showed annular tear and protrusion at L5-S1 and narrowed L4-5 disc space. Pt underwent surgery in 2009, which included left L4-5 lumbar microdiscectomy for lateral herniation. Pt has also undergone injections and electrodiagnostic studies. A utilization review dated 05/23/2014 denied the request for Hydrocodone 10/325 mg, twice daily #120, 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone, 10/325 mg, 2 twice daily, #120, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone,Opioids Page(s): 51,74-95.

**Decision rationale:** According to the MTUS guidelines, opioids are not first line medications for chronic musculoskeletal pain. MTUS recommends a short-term therapeutic trial of opioids only, and states they should be used only when the patient has failed a trial of non-opioid analgesics. Opioids have significant side effects and should only be considered for a very short course of treatment. The treating physician provided no evidence of failed therapy with first line agents such as NSAIDs and did not provide pertinent details on pain quality, severity, or history of medication use. The documentation did not contain adequate history or detail to justify the use of opioids in this quantity for the time period specified, including provision of refills. The patient appears to have been on opioids previously per the patient history, indicating longer use than a short course of treatment. Therefore, the request for Hydrocodone 10/325mg #120, with 2 refills, is not medically necessary at this time.