

<b>Case Number:</b>	CM14-0094275		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/22/2002
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	06/06/2014
<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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 injured worker is a 60-year-old male, who sustained an industrial injury on 10/22/2002. The initial complaints, diagnoses or mechanism of injury were not provided. Documented treatments and diagnostic testing to date has included conservative care and medications. The only medical record submitted consisted of a follow-up progress note dated 02/07/2014. Per this progress note, the injured worker was seen for a follow-up; however, there were no reported complaints. Pertinent objective findings of the musculoskeletal exam included normal inspections, and an unremarkable exam. Current medications consisted of Ambien CR, Vicodin ES 7.5/750 mg (3 times daily), baclofen, Lidoderm patches, and metoprolol succinate ER. Diagnoses included post laminectomy syndrome of the lumbar region, and muscle spasm. The problem list included low back pain, insomnia, and spasms; however, there was no noted complaints, pain ratings or descriptions, no reports of inability to function, and no abnormal findings. The request for authorization includes hydrocodone/APAP 7.5/325 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 tablets of Hydrocodone/APAP 7.5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** 90 tablets of Hydrocodone/APAP 7.5/325 mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals evidence that this patient is being prescribed opioids in accordance with function and per the MTUS Guidelines. Therefore, the request for hydrocodone/APAP is not medically necessary.