

<b>Case Number:</b>	CM15-0108604		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old male who sustained an industrial injury on 04/25/2011. The injured worker was diagnosed with lumbar spondylosis and neural encroachment bilateral L5-S1 with radiculopathy. Treatment to date has included diagnostic testing, conservative measures, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, lumbosacral orthosis, chiropractic therapy, home exercise program and medications. According to the primary treating physician's progress report on April 9, 2015, the injured worker continues to experience low back pain, right side greater than left side. The injured worker rates his pain level at 7/10. The injured worker also reports gastrointestinal (GI) upset. Examination demonstrated tenderness of the lumbar spine with range of motion limited with pain. Positive straight leg raise on the right was documented at 35 degrees with pain to the foot and left distal calf pain at 45 degrees on left straight leg raise. Spasm of the lumbar paraspinal muscles was decreased. Current medications are listed as Tramadol ER, Hydrocodone, Naproxen and Omeprazole. Treatment plan consists of continuing with chiropractic therapy, home exercise program, topical analgesics and the current request for Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for hydrocodone is not medically necessary.