

<b>Case Number:</b>	CM15-0110851		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 43 year old male, who sustained an industrial injury on 9/5/12. He has reported initial complaints of low back injury. The diagnoses have included chronic low back pain status post lumbar fusion, lumbar radiculopathy, and lumbar disc disorder. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 12/2/2014, the injured worker complains of low backache and bilateral lower extremity pain. He state that he continues to have pain post -surgery and is taking 3-4 Norco up to 10 a week and no other pain medications. The objective findings reveal slow gait, restricted lumbar range of motion with flexion limited to 25 degrees, and extension limited to 5 degrees limited by pain. The current medications included Lyrica, Norco and Omeprazole. There is no previous urine drug screen report noted in the records. The physician treatment plan was for Magnetic Resonance Imaging (MRI) of the lumbar spine to rule out lumbar stenosis, nerve compression/scarring status post lumbar arthrodesis. The physician requested treatment included Hydrocodone/APAP 10/325mg for chronic low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg Qty 40 Day Supply 20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant was provided Hydrocodone for several months. There was no mention of failure of Tylenol or NSAIDS. The use of the medication was intermittent. Continued use of Hydrocodone is not justified and not medically necessary.