

<b>Case Number:</b>	CM15-0116841		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: California, Texas, New Mexico  
 Certification(s)/Specialty: Anesthesiology

### 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 40 year old female who sustained a work related injury January 14, 2010, after a slip and fall on a wet floor with injury to the lower back. Prior treatment included medication, rest, acupuncture 12 sessions, physical therapy 12 sessions and epidural steroid injection with a reported 25% relief of pain for one month. An MRI of the lumbar spine, dated December 3, 2014, (report present in medical record) revealed degenerative disc disease at the L4-L5 level with 3 mm broad-based disc protrusion. According to a physician's notes, dated May 8, 2015, the injured worker presented with complaints of lower back pain, rated 8/10, extending to her upper back and neck. She also reports bilateral shoulder blade pain, left less than right buttock pain, and right thigh, leg to foot pain, rated 5-7/10 with numbness and left leg pain, 7-8/10. Objective findings included midline tenderness to palpation of the lower lumbar spine, back pain increased with extension more than flexion. Diagnoses are lumbar disc with radiculitis; cervical disc with radiculitis; coccydynia; neck/low back/thoracic pain. On May 14, 2015, the injured worker was seen by physician and noted Hydrocodone decreased her pain to some extent. She complains that her leg gives out when she walks and has noted increased pain radiating to the right lower extremity. At issue, is the request for authorization of Hydrocodone/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #60 with no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67-68, 63-64, 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminphen Page(s): 74-92.

**Decision rationale:** This is a review for the requested Hydrocodone/APAP (vicodin) 10/325 #60. According to the MTUS guidelines, short-acting opioids, such as vicodin, are an effective method of pain control for chronic pain. However, for on-going management MTUS guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition, the Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." There is evidence of several previous prescriptions for vicodin and recent prescription with intent to wean vicodin medication. There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. According to the patient's medical record, there is no documented overall improvement in function or return to work. Therefore, the above listed issue is considered not medically necessary.