

<b>Case Number:</b>	CM15-0121340		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	11/15/2004
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 56-year-old male who sustained an industrial injury on 11/15/2004 resulting in lower back pain and impaired range of motion. He was diagnosed with chronic low back pain. Treatment has included chiropractic therapy, which he stated provided good symptom relief, physical therapy with home exercise, lumbar epidural steroid injection providing temporary pain relief, and pain medication, which he reports, provides pain relief enabling him to function and continue working. The injured worker continues to report pain and impaired mobility. The treating physician's plan of care includes Hydrocodone Acetaminophen 10/325mg. He presently works full time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone Acetaminophen 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**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 first 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 had been on \Hydrocodone for several months. Long-term use is not recommended. Tylenol use or weaning of Hydrocodone was not mentioned. The continued use of Hydrocodone is not medically necessary.