

<b>Case Number:</b>	CM15-0067269		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	11/28/2001
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on November 28, 2001. The injured worker has been treated for low back complaints. The diagnoses have included lumbosacral spondylosis without myelopathy, low back pain and low testosterone. Treatment to date has included medications, radiological studies, lumbar epidural steroid injections, testosterone injections, facet joint block, physical therapy, massage therapy, chiropractic treatment and a lumbar fusion. Current documentation dated January 26, 2015 notes that the injured worker reported chronic low back pain. The injured worker also reported an intermittent fever, cough, shortness of breath and wheezing for which he took antibiotics. Physical examination noted that the pattern of low back pain was unchanged with no neurovascular deficits to the lower extremities. The injured worker was noted to have an upper respiratory infection. The treating physician's plan of care included a request for Hydrocodone Bitartrate & Acetaminophen 10/325 mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #150 (dispensed 1/6/15, 1/26/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 68, 70, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone 10/325 mg #150 (dispense January 6, 2015 and January 26, 2015) is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are low back pain; hypogonadism; insomnia secondary to chronic pain; and erectile dysfunction. The documentation according to a January 26, 2015 progress note shows begin to work or was taking Norco as far back as August 5, 2014. The injured worker's current list of other medications include zolpidem 10 mg, oxycodone 30 mg QID, alprazolam, and Skelaxin. There has been no attempt at weaning Norco. There are no risk assessments in the medical record. There is no documentation containing objective functional improvement with ongoing Norco use. Subjectively, according to a January 26, 2015 progress note, the injured worker complains of intermittent fever since January 7, 2015. He complains of chronic low back pain and needs a refill of his muscle relaxes and nonsteroidal anti-inflammatory drug. Objectively, the treating physician documents (in the physical examination section) the pattern of low back pain is unchanged with no neurovascular deficits to the lower extremities. There are no specific objective findings documented in the medical record. Consequently, absent clinical documentation with objective functional improvement and attempt to wean Norco, with no subjective VAS pain score, Hydrocodone 10/325 mg #150 (dispense January 6, 2015 and January 26, 2015) is not medically necessary.