

<b>Case Number:</b>	CM15-0070100		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old male, who sustained an industrial injury on August 9, 2013. He has reported lower back pain and leg pain. Diagnoses have included lumbar spine degenerative disc disease, lumbar spine stenosis, lumbar facet arthropathy, and chronic pain. Treatment to date has included medications, radio frequency rhizotomy and medial branch block injections. The MRI of the lumbar spine showed multilevel disc bulges, facet arthropathy and neural foraminal stenosis. A progress note dated March 4, 2015 indicates a chief complaint of worsening lower back pain radiating to the bilateral legs and feet, with associated numbness, tingling, and weakness. The treating physician documented a plan of care that included medications and continuation of home exercise. The medications listed are gabapentin and hydrocodone. The UDS report on 17/2015 was noted to be consistent with prescribed hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325 mg (every day) Qty 30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-84, 78-79, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when treatment with NSAIDs and non opioid medications have failed. The records indicate that the patient have completed treatments with NSAIDs, PT and interventional pain injections. There is documentation of functional restoration and compliance UDS report for the opioid utilization. No aberrant behavior or medication adverse effect was noted. The criteria for the use of hydrocodone 5/325mg #30 1 is medically necessary.