

<b>Case Number:</b>	CM15-0073205		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, North Carolina  
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 37 year old male, who sustained an industrial injury on 4/08/2012. The medical records submitted for this review failed to include the details regarding the initial injury. Diagnoses include lumbar disk disease, radiculopathy, low back pain, lumbar sprain, contusion of chest wall, elbow strain, contusion of knee, and anxiety disorder and stomach function disorders. Treatments to date include medication therapy, chiropractic therapy, and epidural steroid injections. Currently, he complained of continued low back and neck pain with numbness and tingling to the left upper extremity and left lower extremity. On 3/24/15, the physical examination documented tenderness to palpation at the lower ribcage, left elbow, lumbar spine and left knee. The plan of care included continuation of medication therapy and chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-97.

**Decision rationale:** The request is for hydrocodone 5/325 mg for chronic low back and neck pain with numbness and tingling in the left lower and upper extremities. This claimant is being treated for chronic low back pain due to an industrial accident in 2012. There is no documentation in the medical records submitted for a plan of reduction or discontinuance of the Norco. There is also no plan for weaning documented. A recent epidemiologic study found that opioid treatment for chronic nonmalignant pain did not seem to fulfill any key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Further, short-acting opioids have not been found effective for the management of chronic pain. According to CA MTUS guidelines, this request is deemed not medically necessary.