

<b>Case Number:</b>	CM15-0076669		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/27/1994
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 68 year old female, who sustained an industrial injury on July 17, 1994. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having shoulder arthritis, shoulder adhesive capsulitis, and lumbar degenerative disc disease. Diagnostics to date has included an MRI and urine drug screening. Treatment to date has included aquatic therapy, daily exercises, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On April 2, 2015, the injured worker complains of low back pain radiating down the right leg to the foot with standing, bending at waist, lying flat in bed, and prolonged walking. The physical exam revealed lower back myospasm, decreased range of motion, and a positive right straight leg raise. She is retired. The treatment plan includes opioid medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids Page(s): 51; 74-95.

**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 1st 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 in combination with muscle relaxants and NSAIDs without documentation of pain scores. Failure of Tylenol use was not mentioned. The continued use of Hydrocodone is not medically necessary.