

<b>Case Number:</b>	CM15-0094210		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 40 year old male who sustained a work related injury April 21, 2008. He tripped and fell to his side, rotating and striking his left hip on the ground. According to a primary treating physician's progress report, dated April 9, 2015, the injured worker presented for a follow-up of chronic low back pain due to lumbar disc displacement. He complains of continued low back pain with radiation down the left lower extremity. He has numbness in the posterolateral aspect of the right leg to the foot, as well as numbness in the 4th and 5th toes of the left foot. He reports having weakness in the left lower extremity when walking. An MRI of the lumbar spine, dated March 2, 2015, revealed severe left L5-S1 foraminal stenosis with impingement on the exiting left L5 nerve roots. Diagnoses are lumbar disc displacement without myelopathy; sprain/strain lumbar region left hip strain/hip flexor strain, left greater trochanteric bursitis; headache. Treatment plan included a surgical consultation to be scheduled and at issue, a request for authorization for Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

**Decision rationale:** The claimant sustained a work-related injury in August 2008 and continues to be treated for chronic low back pain with left lower extremity radiating symptoms. Medications are referenced as improving pain by 50% with better ability to perform activities of daily living and greater walking tolerance. When seen, the report references the claimant as being confined to his home without use of medications. Norco is being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved walking and activities of daily living. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, continued prescribing is medically necessary.