

<b>Case Number:</b>	CM14-0156673		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 30-year-old male who reported an injury on 12/21/2012, due to an unknown mechanism. Diagnoses were multilevel HNPs of the lumbar spine with stenosis, lumbar radiculopathy, facet arthropathy of the lumbar spine, and left wrist possible tear of the scapholunate interosseous ligament. Medications were Norflex ER, Norco, Terocin patches, and tramadol as needed, docusone, ketoprofen, and Mentherm gel. Physical examination dated 09/03/2014 revealed complaints of ongoing low back pain. The injured worker reported the pain was 20% worse since the previous appointment. It was reported that the injured worker was having difficulty sleeping, averaging only about 6 hours of interrupted sleep per night due to discomfort from pain. The injured worker was using the TENS unit, which was helping to control pain level. The injured worker was going to the gym and doing light workouts. Current pain was rated an 8/10. There were reports of numbness in the right wrist. The injured worker reported it felt like pins and needles in his low back. Examination revealed limited range of motion for the lumbar spine with spasms. The injured worker was positive for facet provocation test on the left side greater on the right side. Treatment plan was to take medications as directed. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#120 Hydrocodone/apap 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, page 78, Hydrocodone/Acetaminophen, page 91 Page(s): 78, 91.

**Decision rationale:** The decision for quantity 120 hydrocodone/APAP 10/325 mg is not medically necessary. The California Medical Treatment Utilization Schedule states hydrocodone/acetaminophen is indicated for moderate to moderately severe pain, and there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.