

<b>Case Number:</b>	CM14-0026813		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/28/2004
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 and is licensed to practice in California. 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 50-year-old male with a reported date of injury on 03/27/2000. The mechanism of injury was reportedly caused by lifting and loading heavy luggage. He presented with lumbar spine pain. Upon physical examination, the injured worker presented with paravertebral muscle tenderness to palpation. Spasms were present with restricted range of motion. In addition, he was noted to have negative straight leg raising bilaterally. Previous conservative care included 3 epidural steroid injections, acupuncture, physical therapy and psychological evaluation. The electrodiagnostic study dated 11/05/2009 revealed no electroneurographic evidence of entrapment neuropathy. There were no electromyographic indicators for acute lumbar radiculopathy. The clinical note dated 10/31/2013 revealed lumbar spine range of motion at flexion to 60 degrees, extension to 21 degrees, left and right rotation to 21 degrees, left and right lateral bending to 21 degrees. The clinical documentation indicates the injured worker had an MRI; the results of which were not provided within the documentation available for review. The injured worker's diagnoses included lumbar radiculopathy and L5-S1 disc herniation. The injured worker's medication regimen included Orphenadrine ER and Hydrocodone. The request for authorization for hydrocodone 5/325 mg #90 was submitted on 03/03/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 5/325 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that the ongoing management of opioids should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the clinical information provided for review, the injured worker has utilized Norco prior to 2010. There is a lack of documentation related to the functional and therapeutic benefits in the long-term utilization of Norco. There is lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees and the injured worker's VAS pain scale. The clinical information provided for review, lacks documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, the request for Hydrocodone 5/325 mg #90 is not medically necessary.