

<b>Case Number:</b>	CM14-0140474		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/26/1996
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. 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: 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 53 year old male, who sustained an industrial injury on 7-26-96. The injured worker is diagnosed with sacral-sacroiliac disorders. The injured worker is not currently working. Notes dated 5-22-14 and 7-22-14 reveals the injured worker presented with complaints of low back pain with right lower extremity numbness, tingling and weakness that involves his toes and is rated at 6 out of 10. He reports the inability to engage in activities of daily living and an increase in pain with the reduction from 8 Hydrocodone a day to 6 a day. Physical examinations dated 5-22-14 and 7-22-14 revealed decreased forward flexion and pain with lateral flexion. He is able to sit for 15 minutes without any pain noted. Treatment to date has included spinal cord stimulator implant, which he does not utilize as it is not beneficial per note dated 7-22-14; medications; Compounded Hydrocodone (5-2014), Diclofenac Sodium and Xanax; surgical intervention-lumbar spine anterior fusion at L4-L5 (1998). A request for authorization dated 7-23-14 for medication review for compounded Hydrocodone 10 mg #240 (30 day supply) for the lumbar spine is non-certified, per Utilization Review letter dated 8-1-14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication review for Compounded Hydrocodone 10mg Qty: 240 (30 day supply) as related to the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's. The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010. Physician's Desk Reference, 68th Ed. www.RxList.com; and the Official Disability Guidelines (ODG) Formulary, www.odg-twc.com, Monthly Prescribing Reference, www.empr.com - Opioid Dose Calculator - AMDD Agency Medical Director's Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California MTUS states: When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.