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| <b>Case Number:</b>   | CM13-0022339 |                              |            |
| <b>Date Assigned:</b> | 11/13/2013   | <b>Date of Injury:</b>       | 03/02/2010 |
| <b>Decision Date:</b> | 05/22/2014   | <b>UR Denial Date:</b>       | 09/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2013 |

### 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 Anesthesiology, and is licensed to practice in Florida. 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 40 year old male who reported an injury on 03/02/2010 due to a motor vehicle accident that reportedly caused an injury to his low back and left knee. The injured worker's treatment history included surgical intervention to the knee and lumbar fusion. The injured worker's postsurgical pain was managed with medications. The injured worker has a history of opioid usage since at least 07/2012. The injured worker was evaluated on 09/24/2013. It was documented that he had pain rated at a 7 out of 10. It was documented that the injured worker's medications assisted with a decrease in pain and allowed for improved function and participation in a home exercise program. The injured worker did not have any reported side effects related to medication usage. Physical findings included restricted range of motion in all planes of the lumbar spine secondary to pain with decreased sensation to the left lateral thigh and left S1 dermatomes. It was documented that a CURES report dated 05/08/2013 was consistent with the injured worker's medication usage. It was also noted that the injured worker underwent a urine drug screen on 04/10/2013 that was positive for Norco which was consistent with the injured worker's prescribed medications. The injured worker's diagnoses included status post lumbar fusion and lumbar radiculopathy. The injured worker's treatment plan included Norco 10/325 mg #180, Ibuprofen 600 mg #30 and Prilosec 20 mg #60. It was also noted that the injured worker was prescribed Cymbalta 30 mg with 1 refill to assist with chronic pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF HYDROCODONE/APAP 10/325MG, QUANTITY: 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend the continued use of opioids be supported by a documentation of functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation provided for review does indicate that the injured worker is monitored for aberrant behavior with regular CURES reporting and urine drug screens. It is also documented that medication usage does provide significant benefit and allows for participation in a home exercise program and increased functionality. However, the clinical documentation does not provide a quantitative assessment of pain relief. It is noted that the injured worker does have 7 out of 10 pain. However, a quantitative assessment of a reduction in pain due to medication usage is not provided. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of Hydrocodone/APAP 10/325 mg, quantity 180 is not medically necessary and appropriate.