

<b>Case Number:</b>	CM13-0035772		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/17/2003
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 physician 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 patient is a 56 year old male who sustained a work related injury on January 17, 2003. According to the evaluation by [REDACTED] dated September 30, 2013, the patient developed chronic low back pain with limitation of range of motion and ration to the right lower extremity. Physical examination revealed positive straight leg raise on the right side with weakness. He was diagnosed with lumbosacral radiculopathy. The provider requested authorization to use Lortab.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab 7.5mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** The patient was on opioids for several years and there is no clear documentation of the efficacy or reports of an adverse reaction profile. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects, and aberrant behavior with a previous use of narcotics. According to MTUS guidelines, Lortab is indicated for moderate to severe pain. However, there is no

documentation of narcotic efficacy to warrant its use for this patient. Therefore, Lortab 7.5mg #60 with 1 refill is not medically necessary.