MAXIMUS Federal Services

| Case Number: | CM13-0036960 | | |
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| Date Assigned: | 12/13/2013 | Date of Injury: | 11/25/2008 |
| Decision Date: | 02/21/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 10/22/2013 |

## 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 Family Practice, 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 59-year-old male who reported an injury on 11/25/08. The mechanism of injury was not provided; however, it resulted in injury to his lower back. The patient's course of conservative care has included chiropractic therapy, physical therapy, medications, and activity modification. He completed a functional restoration program, and received lumbar epidural steroid injections with relief. The patient does prefer however, to utilize non-invasive conservative therapies, and has been receiving significant benefits from the current treatment plan. The patient's current medications include Hydrocodone BIT/APAP 10/325 mg, 1 tab twice daily as needed for pain; Zanaflex HCl 4 mg, 1 tab every 8 hours; Ambien 5 mg, 3 tablets at bedtime; Gabapentin 600 mg, 2 tablets every 8 hours; a multivitamin; vitamin C; and selenium sulfide powder daily. The patient's current diagnoses include stenosis of the lumbar spine 724.02, spinal stenosis of the lumbar region, acquired spondylolisthesis 738.4, and chronic pain 338.29.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 90 Hydrocodone BIT/APAP 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend the use of opioids to treat chronic pain. Guidelines state that pain should be assessed at each visit, and functioning should be measured at 6 month intervals using the numerical scale or validated instrument. The pain assessment includes questions such as the patient's current pain levels, the least reported pain since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief to begin, and how long the pain relief lasts. Medication compliance should also be monitored using frequent urine drug screens. According to the submitted records, the patient has been asked about his pain levels only a few times. The most recent clinical note that had documented pain levels was on 9/10/13; the patient rated his pain at that time as an 8/10 and stated that after taking Norco, his pain decreases to 4/10. This note also stated that the patient was not having increased pain in the lower back but in the neck and upper back. As the patient appears to be following up with his pain management clinic every month, there should be a more detailed assessment regarding the efficacy of his pain medications on his pain levels. The urine drug screens are current and show compliance with his prescription history; there was no documentation of any aberrant behaviors. However, the patient is not noted to have any functional testing performed within the last 6 months. The patient's lumbar range of motion has remained the same throughout the entire year with flexion of 90 degrees and extension of 20 degrees. There is no documentation providing functional ability values that increase with the use of medication or decrease without the use of medication. As such, the efficacy of the medication cannot be determined at this time and the request is non-certified.