

<b>Case Number:</b>	CM13-0050532		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	08/14/2006
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

Patient is 52 years old, with date of injury 8/14/2006. Per progress note 9/23/2013, patient complains of lower back and left leg pain. Pain is described as 'radiating pain, numbness and tingling down the left lower extremity to the top of the foot and to the toes.' Patient also reports difficulty sleeping because of lower back pain. The listed diagnoses are: 1. Status post MLD at Left L5-S1, 2. Retrolisthesis, L5-S1, 3. Neuroforaminal narrowing, left L4-5, Left L5-S1, 4. Facet arthropathy lumbar spine, bilateral L4-L5 facets, 5. Myofascial pain syndrome, lumbar spine, and 6. Chronic pain syndrome. Patient has undergone a variety of treatment modalities for his lower back issues including lower back surgery 5/11/2011, spinal cord stimulator implantation 12/17/2012, lumbar epidural injections (no dates provided), on-going chiropractic care, and use of oral pain medications and anti-inflammatories. Per progress note 7/25/2013 patient using Medrox patches and Norco 10/325mg every 4 hours as needed for pain (patient reports taking 5-6 tabs per day). Patient also taking Prilosec twice daily for GI upset related to pain medications. Patient reports 'medications help decrease his pain and allows him to increase his activity level, but does report some persistent GI upset with medication use.' Per progress note 8/6/2013, MRI of lumbar spine (12/12/2012) showed 'mild degenerative disc disease, spondylosis and facet osteoarthritis. Most severe within the lower lumbar spine.' Progress note 10/2/2013 spine exam 'Range of motion of the lumbar spine is decreased in all planes. Positive facet loading bilaterally at the L4 to L5 facets. Negative straight leg raise bilaterally. Positive muscle spasm in the bilateral paravertebral musculature in the lumbar region.'

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 10/325MG, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic low back pain with history of lumbar fusion surgery. The request is for Norco 10/325 #180. This request was modified by utilization review 10/22/2013. For chronic opiates use, MTUS guidelines require specific documentations regarding pain and function. Page 78 of MTUS require "Pain Assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this patient, QME (07/10/2013) physician documents, "I do not feel he is a candidate for a spinal cord stimulator or narcotic pain medication." The patient has documented treatment with oral narcotics dating back to 2011. The treating physician has routinely documented the patient's reported pain level at each follow up with some reports of pain assessment are included (8/06/2013, 9/04/2013, 9/23/2013), an Epworth Sleepiness Scale was documented 9/23/2013, and urine toxicology was performed 6/27/2013. However, the treater does not provide "Pain Assessment" as required by MTUS. There are no discussion regarding the patient's ADL's other than a generic statements that medications help. No before and after pain scales are provided to show patient's function and pain. Without these specific documentations, on-going use of opiates are not supported by the MTUS. Recommendation is for denial.