

<b>Case Number:</b>	CM13-0055593		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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, has a subspecialty in Pain Management 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:

This is a 58-year-old male patient with a 3/9/12 date of injury. The patient's diagnostic impression includes lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, anxiety, depression, and sacroiliac (SI) joint dysfunction. The 12/2/13 note states that the patient continued to complain of low back pain. He rates the pain at 7/10 with radiation of pain down the bilateral legs. He states that he is taking six (6) Norco a day. If he stops taking the Norco, the pain will increase. He reports alcohol abuse on weekends. An examination revealed positive straight leg raising (SLR), decreased sensation in the bilateral feet, tenderness to palpation in the lumbar paraspinals, and weakness in the bilateral legs. Discussion was had that the patient was to avoid alcohol while taking the pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

**Decision rationale:** The Chronic Pain Guidelines do not support ongoing opioid treatment unless the prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has had a history of inconsistent drug screens with evidence of alcohol abuse while on prescription narcotics. He is taking six (6) Norco a day. There is no evidence of objective functional benefit with the medications. He has demonstrated non-compliance with medication safety recommendations. There is no plan for weaning or detoxification. The request is not deemed medically necessary at this time.