

<b>Case Number:</b>	CM14-0108063		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Internal 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 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 33 year old female who was injured on 06/10/10 while lifting a case of dog food from a basket and felt a pop in her lumbar spine associated with sharp pain. Injured worker underwent lumbar discectomy on 01/28/11, however, her symptoms persist. Current diagnosis include post lumbar L5-S1 microdiscectomy, lumbar radiculitis, lumbar facet joint pain, and sacroiliac joint pain. Clinical note dated 04/29/14 indicated the injured worker complains of moderate to severe lumbar spine pain intermittently radiating into the right lower extremity. Pain level was rated as 6-7/10 on the pain scale. Pain was described as aching, tingling, heavy, stabbing, annoying, sharp, radiating, numbing soreness and constant, exacerbated by activity, and reduced by ice, heat, and massage. Physical examination of the lumbar spine was difficult because of the patient's size and girth; bilateral facet joints were diffusely tender; and bilateral sacroiliac joints were tender. Lumbar range of motion was full but painful. Kemp's, Patrick's and Braggard's were positive bilaterally. Intermittent sensory numbness and pain into the right L5 distribution was noted. Deep tendon reflexes were 2/4 at the bilateral patellar and Achilles tendons. Clinical notes indicated that gastric bypass surgery has been authorized for this patient, and injection therapy was deferred after surgery per patient's request. Clinical note dated 05/29/14 indicated the injured worker that exercise aggravates her lumbar pain. Pain level was rated as 6-7/10. Physical examination remains unchanged. Medications include Lortab 7.5/500mg Q 6hrs, Amitriptyline 25mg at HS, Neurontin 600mg Q 8hrs, and Prilosec 20mg Q 12hrs. Urine drug screen reports on 03/20/14 and 04/29/14 were negative for the prescribed medication, hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab 7.5/500:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medication, Hydrocodone/APAP. There is no clear documentation regarding functional benefits nor any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, there were 2 urine drug screen reports which were negative for the prescribed medication, hydrocodone/APAP. Further, as of January 2014, the FDA recommends health care professionals to discontinue prescribing and dispensing prescription combination drug products with more than 325 mg of acetaminophen to reduce the risk of severe liver injury from inadvertent acetaminophen overdose. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication, Lortab 7.5/500mg tab, cannot be established at this time.