

<b>Case Number:</b>	CM14-0019019		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	01/30/2006
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 56 year-old female who is reported to have a date of injury of 01/30/06. The mechanism of injury is not documented. Records indicated that the injured worker is status post Anterior Lumbar Interbody Fusion performed in October 2009. This procedure was complicated by bowel perforation requiring ileostomy. The injured worker is noted to status post herniorrhaphy. The current diagnosis is post laminectomy syndrome. A CT of the pelvis dated 05/09/13 indicates a small bowel obstruction in the distal ileum near an anastomotic suture. The is a ventral hernia repair with extensive mesh. Per a progress report dated 01/17/14 the injured worker complains of low back pain and lower extremity radicular symptoms. Sensation and reflexes are intact. Straight leg raise in negative bilaterally. Patrick's and Gaenslen's test are positive bilaterally. Prior Utilization Review determinations for Hydrocodone/APAP 5/325 mg #60 and 1 Urine Drug Screen were not medically necessary on 02/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 5/325MG #60:** 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): 74-80.

**Decision rationale:** The injured worker is a 56 year-old female who is reported to have a date of injury of 01/30/06. Records indicated that the injured worker is status post Anterior Lumbar Interbody Fusion performed in October 2009. This procedure was complicated by bowel perforation requiring ileostomy. The records fail to provide sufficient detailed data to establish the efficacy of this medication. There is no data establishing functional improvements as a result. It is noted that the injured worker has a history of bowel obstruction. Opiates are relatively contraindicated secondary to slowing of gastric motility and the increasing potential for recurrent bowel obstruction. Further, per urine drug scree dated 01/17/14, the injured worker was non-compliant and was not utilizing opiates at that time. As such, the medical necessity for continued use is not established and prior determination is upheld.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page Opioids, Steps To Avoid Misuse/Addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** The injured worker is a 56 year-old female who has a failed back surgery syndrome. The records indicate that the injured worker has been chronically maintained on opiate medications. The records do not provide any data to suggest misuse or a history of abuse. A drug screen dated 01/17/14 indicates the patient was non-compliant and was not utilizing her prescribed opiate medication. As there is no clinical indication for continued use of opiate medication there would be no medical necessity for continued Urine Drug Screens.