

<b>Case Number:</b>	CM14-0112735		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/19/2014

### 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 Physical Medicine & Rehabilitation, 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 40-year-old male who reported an injury on 01/08/2002. The mechanism of injury was not provided for clinical review. Diagnoses included Lumbar Radiculopathy, Multilevel Herniated Nucleus Pulposus of the Lumbar Spine most significant at L4-5 and L5-S1; moderate to severe stenosis. The injured worker's treatments include Epidural Steroid Injections and Medication. The medication regimen included Norco, Flexeril, Prilosec, and Voltaren. Within the clinical note dated 07/18/2014 it was reported the injured worker complained of aching and stabbing low back pain. He rated his pain 4/10 in severity. He described his pain as mild cramping over the posterior aspect of the right calf. Upon the physical examination the provider noted tenderness to palpation of the lumbar spine with spasms on the right side. The injured worker had limited range of motion of the lumbar spine. The provider noted the injured worker had decreased sensation at L4, L5, and S1; dermatomes on the right. The provider request is for Norco however, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 07/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #90 for weaning:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): page(s) 78.

**Decision rationale:** The injured worker complained of aching and stabbing low back pain. He rated his pain 4/10 in severity. He described his pain as mild cramping over the posterior aspect of the right calf. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side-effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment in the documentation. There is lack of documentation indicating the efficacy of the medication as evidenced by objective functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.