

<b>Case Number:</b>	CM14-0114691		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/19/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Occupational 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:

This is a 47-year-old male with a date of injury of 11/19/09. He injured his low back carrying and lowering down 5 gallon buckets on a cat walk. According to a progress report dated 6/4/14, the patient has been working but reported significant difficulty performing his duties because of his pain. He described a constant throbbing pain in the low back with severe shooting pains that radiated into his right leg. Without his pain medications, he has difficulty with any repetitive motion of the spine. It is noted that a pain medicine provider has refused to treat the patient because of his use of medicinal marijuana. Diagnostic impression: lumbar spine extension increases pain. Diagnostic impression: status post right L5-S1 decompression on 7/28/11, right peroneal neuropathy, L2-3 and L3-4 grade 1 retrolisthesis, L3 through S1 disc herniation, bilateral facet arthrosis, and foraminal stenosis, L4-5 and L5-S1 right facet joint effusions. Treatment to date includes medication management, activity modification, and physical therapy. A UR decision dated 7/11/14 denied the request for Hydrocodone/APAP 10-325mg. There have been two peer reviews that have noted the need for weaning. At the present time, he has been also provided Percocet, an escalation of the opioid use without significant improvement shown. Also, there has been noncompliance, with a UDS positive for THC.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless 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. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, the patient is also taking the opioid medication Percocet. Guidelines do not support the concurrent use of 2 short-acting opioid medications. Furthermore, there are no documentation adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. In fact, it is noted that the patient is currently using medical marijuana. Guidelines do not support the continued use of opioids in the presence of illicit drug use. Therefore, the request for Hydrocodone/APAP 10/325mg #90 is not medically necessary.