

<b>Case Number:</b>	CM14-0147546		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis with an L2 vertebral fracture; opioid therapy; muscle relaxants; and work restrictions. In a Utilization Review Report dated August 21, 2014, the claims administrator partially approved a request for hydrocodone-acetaminophen, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated March 5, 2014, the applicant reported ongoing complaints of low back pain, 4/10. The applicant stated that he felt little to no pain with his medications. The applicant was given refill of Norco for severe pain, Flexeril for muscle relaxant effect, and tramadol for reported anti-inflammatory effect. A 25-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place. In an April 2, 2014 progress note, the applicant was given a refill of hydrocodone-acetaminophen 5/325. Flexeril and tramadol were also renewed. A 25-pound lifting limitation was endorsed. The attending provider again stated that the applicant's combination of medications was effective but did not elaborate or expound upon the extent of the same. In a Medical-legal Evaluation dated April 30, 2014, the applicant again presented with persistent complaints of low back pain. The applicant was having difficulty dressing himself, bathing his lower extremities, performing self-care, personal hygiene, driving, and traveling secondary to pain. The applicant was no longer participating in soccer, football, and/or baseball secondary to pain. The applicant was on Zestril, hydrochlorothiazide, metformin, glipizide, Norco, Flexeril, and tramadol, it was noted. The applicant's BMI was 29. Permanent work restrictions were suggested. The Medical-legal evaluator stated in another section of the note that the applicant was still working with restrictions in place effective January 2014. In a May 7, 2014 progress note, the applicant

reported 4-5/10 pain without medications with minimal to no pain with medications. Work restrictions were again endorsed. It was stated that medications were allowing the applicant to perform regular activities throughout the day with medications in place, including home exercises.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone 10/325mg Qty #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic, Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the attending provider's documentation, coupled with that of the Medical-legal evaluator, has established that the applicant has, in fact, returned to work with restrictions in place. The attending provider has, furthermore, noted that the applicant's pain scores have dropped from 4-5/10 without medications to minimal to no pain with medications, including Norco. The applicant's ability to perform home exercises has likewise been ameliorated with ongoing medication consumption, the attending provider has posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.