

<b>Case Number:</b>	CM14-0031574		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/06/1997
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Pain Medicine and is licensed to practice in Texas. 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 63 year old female who sustained injuries to her low back on 01/06/1997. On this date she sustained injuries to her low back while moving a 400 lb client. It is reported that she was felt to have vertebral fractures at T12 and L1 and subsequent disc herniations at L3-4, L4-5, and L5-S1. She was treated conservatively and ultimately underwent an L5-S1 discectomy. She is noted to have a significant flare up of her low back pain in 04/2013 lasting for several weeks. She was noted to be doing well until 07/20/13 when she started to have severe worsening of bilateral buttocks pain and pain radiating down her right leg. She was noted to have been treated with transcutaneous electrical nerve stimulation (TENS) and oral medications. She has completed a functional restoration program. On physical examination she has decreased lumbar range of motion. There is reduced motor strength in the bilateral lower extremities graded as 4+/5. Sensation to light touch is mildly decreased in the lower extremities. MRI of the lumbar spine dated 01/31/11 notes lumbar spondylosis with persistent 1-2 mm combined disc bulges and osteophytic ridge formations. These findings are most pronounced at L1-2, L4-5 and L5-S1. There is mild proximal bilateral L5 neural foraminal stenosis. Per the treating provider, her pain level was 6/10 on the visual analog scale with pain radiating down her right lower extremity. On medications her pain level drops to 3/10 on the visual analog scale. The injured worker is able to continue performing her home exercise program with walking and swimming. The injured worker is able to perform dishes and laundry with less pain which she attributes to the use of medications. The injured worker is noted to be compliant with the use of her medications and never escalated. It is noted that a prior UR physician felt that the injured worker reports minimal physical relief and improvement of at least 80%. It was opined that this was secondary to Fentanyl and Naproxen and hydrocodone 5/325 was not clinically indicated. The prescriber notes that the injured worker uses hydrocodone/APAP 5/325 very sparingly and

she is only provided 30 tablets per month. The previous UR decision further notes that regular urine drug screens have indicated compliance with no evidence of illicit drugs or other opioids not prescribed. The previous UR decision notes that the injured worker is at low risk for abuse or diversion. The record contains a utilization review determination dated 02/24/14 in which the request for hydrocodone/APAP 5/325 mg #30 was not medically necessary.

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

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

**Hydrocodone 5/325mg QTY: 30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opiates, page(s) 74-80 Page(s): 74-80.

**Decision rationale:** The request for hydrocodone 5/325 quantity 30 is recommended as medically necessary. Per the submitted clinical records, the injured worker is a 63 year old female with chronic low back pain secondary to a workplace injury. The submitted records clearly indicate that the injured worker receives functional benefit from her current medication profile and that she has been provided hydrocodone/APAP 5/325 mg for breakthrough pain. The records indicate that she is provided no more than 30 tablets per month which is appropriate and consistent with Current Pain Management Guidelines. The request is medically necessary.