

<b>Case Number:</b>	CM14-0038955		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 44-year-old male who reported an injury after lifting and carrying a slide out extra room that weighed 180 pounds to 200 pounds. The clinical note dated 05/29/2014 indicated diagnoses of low back pain with radicular symptoms to lower extremities, 4 mm anterolisthesis of L5 over S1, and MR findings of 6 mm disc herniation at L4-5. The injured worker reported back pain and headaches. The injured worker reported the pain in the low back radiated to his lower extremities and interfered with his daily activities, as well as his sleep. The injured worker reported that the medication helped with the pain. He had been taking Norco 2 times a day and Gabapentin. He had also been taking some antidepressant medication prescribed by the psychiatrist. The injured worker reported, without the pain medication, the severity of the pain was 8/10, and with the help of the medication it was 5/10 and made it tolerable. On physical examination, the injured worker ambulated with a push walker. There were spasms and tenderness at the paravertebral muscle in the lower lumbar region. The injured worker had a positive straight leg raise and decreased sensation to light touch over the L5 dermatome bilaterally. The injured worker's treatment plan included a request for authorization for epidural steroid injections, refer to pain management, and continue medications. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco and Gabapentin. The provider submitted a request for Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-APAP 10/325 mg #60 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91, 78.

**Decision rationale:** The request for Hydrocodone-APAP 10/325 mg #60 2 refills is non-certified. The California MTUS Guidelines state that Norco/hydrocodone/acetaminophen is a short acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated if the injured worker had signed a pain agreement. Furthermore, the request did not indicate a frequency for the medication. Therefore, the request is not medically necessary.