

<b>Case Number:</b>	CM14-0042422		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/21/2003
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 59 year old male injured on 04/20/03 when he was moving a concrete can and developed immediate onset of low back pain. Current diagnoses included lumbar facet arthropathy, degenerative disc disease of lumbar spine, and herniated nucleus pulposus of the lumbar spine with canal stenosis and bilateral neural foraminal stenosis. Clinical note dated 02/24/14 indicated the injured worker presented complaining of low back pain rated 9/10 with occasional shooting pain into bilateral lower extremities. The injured worker reported use of hydrocodone 10-325mg twice daily, Lortab elixir 7.5-500, tramadol ER once daily helped relieve his pain by approximately 50% and allowed him to walk approximately 15 minutes longer. Objective findings included normal gait, decreased range of motion in the lumbar spine, patellar reflexes increased on the left, strength 5/5 in bilateral lower extremities, sensation intact, negative straight leg raise, negative Babinski, and negative clonus. The injured worker underwent physical therapy and epidural steroid injection with minimal pain relief. The initial request for Lortab elixir 7.5-500mg/15cc 450mL was non-certified on 03/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab Elixir 7.5/500MG/15CC 450ML:** Upheld

**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 Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The documentation indicates the injured worker receives pain relief and increased function from current medication regimen; however, there is no indication why the injured worker requires elixir form of opioid medication. Further, as of January 2014, the FDA recommends health care professionals discontinue prescribing and dispensing prescription combination drug products with more than 325 mg of acetaminophen to reduce the risk of severe liver injury from inadvertent acetaminophen overdose. As such, the medical necessity of Lortab Elixir 7.5/500MG/15CC 450ML cannot be established at this time.