

<b>Case Number:</b>	CM14-0049561		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/21/2003
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 59 year-old individual was reportedly injured on April 21, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 24, 2014, indicates that there are ongoing complaints of low back pain. The current pain is rated 9/10 on the visual analog scale. The physical examination demonstrated a well-developed, well-nourished individual in no acute distress. The gait pattern was described as normal. A decrease in lumbar spine range of motion is noted. Strength is under be 5-/5 and sensation is intact. Diagnostic imaging studies objectified multiple level degenerative disc disease. Previous treatment includes epidural steroid injections, facet injections, multiple medications, and other conservative interventions. A request had been made for the medication Lortab and was not certified in the pre-authorization process on March 21, 2014.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** When noting the date of injury, the injury sustained and the findings on the most recent physical examination reported, there is little indication that this medication is being used for either moderate or severe breakthrough pain. This medication is indicated for the short-term management of these pain symptoms, and there is no noted efficacy or utility presented in the medical records reviewed. Therefore, when considering the parameters outlined in the MTUS tempered by the data presented in the progress notes, the medical necessity has not been established.