

<b>Case Number:</b>	CM14-0060634		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/17/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 27-year-old female with a 6/17/08 date of injury. She is status post L5/L4 decompression laminectomy as well as a L4/5 to S1 lumbar fusion in 2011. She was seen on 4/2/14 with complaints of back pain, moderate to severe, with radiation to the lower extremities. Exam findings revealed normal muscle strength in the lower extremities. Her lumbar spine was tender at the surgical level. Her diagnosis is failed back syndrome, chronic pain, muscle spasms, and chronic bursitis. The patient is noted to be on Norco, Nabumetone, Tizanidine, Topiramate 50 mg 1 tab twice daily, Tizanidine, and Butrans and Lidoderm patches. Treatment to date: arthroscopic knee surgery, back surgery with L4/5 to S1 fusion, ice, heat, lying down, injection, massage, medication, PT, hot tub therapy. The UR decision dated 4/23/14 denied the request, as it was unclear why the patient could not tolerate oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen Serum:** 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 Acetaminophen Page(s): 11-12,16-17.

**Decision rationale:** CA MTUS states that Acetaminophen is indicated for treatment of chronic pain and acute exacerbations of chronic pain. However, the patient is taking multiple oral tablet medications and while this medication might be useful for pain, it is unclear why she cannot tolerate a tablet form of this medication. Therefore, the request for Acetaminophen Serum was not medically necessary.

**Hydrocodone Serum:** 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 Opiates Page(s): 79-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has been on Norco tablets chronically. She is also on other medications in tablet form. There is no rationale given for why the patient needs a serum formulation of this medication, nor is it clear if she is to continue her current Norco tablets. Therefore, the request for hydrocodone serum was not medically necessary.