

<b>Case Number:</b>	CM14-0063656		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/10/1987
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Geriatrics and is licensed to practice in New York. 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 70 year old with a date of injury of 2/10/87. He was seen by his physiican on 2/4/14 with complaints of back pain and for medication refills. He had completed physical therapy and transitioned to a home exercise program. He was able to work full time. He is status post laminectomy x 2 and had 60% pain releif from an epiduroscopy in the past. His medications included norco, flexeril, nucynta, ibuprofen, duexis and tramadol. He felt he had increasing pain and asked to try something other than norco, which was said to rellieve his pain. His physical exam showed normal gait with pain to palpation in the lumbosacral junction. There was no guading and he had full range of motion of his joints with negative straight leg raises and normal strength and sensation. At issue in this review is the request for a percutaneous adhesiolysis of right L5 for ? epidural scarring and the prescription for hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5 Adhesiolysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedures.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Pain Physician. 2012. July-Aug; 15(4): E435-62. Helm et al. Percutaneous adhesiolysis in the management of chronic low back pain in post lumbar surgery syndrome and spinal stenosis: a systematic review.

**Decision rationale:** This 70 year old injured worker has chronic back pain with an injury sustained in 1987. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. There is only fair evidence that adhesiolysis is effective in relieving low back and leg pain due to post lumbar surgery syndrome or spinal stenosis. Prior procedure was said to reduce his pain 60% but this was not sustained and there is no documentation of functional improvement. He is able to work full time. The medical necessity of a right L5 adhesiolysis is not substantiated in the records.

**Hydrocodone Bitartrate (Zohydro ER) 20 mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** This 70 year old injured worker has chronic back pain with an injury sustained in 1987. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 2/14 fails to document any significant improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The hydrocodone is denied as not medically necessary.