

<b>Case Number:</b>	CM14-0069368		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/13/2007
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Internal Medicine, and is licensed to practice in California. 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 66 year old male who reported an injury to his low back. The clinical note dated 01/27/14 indicates the injured worker presenting with lumbar region pain. The pain was located across the back. No information was submitted regarding the initial injury. However, the injured worker did report a 2 month history of symptoms. There is an indication the injured worker had a work related injury. The note indicates the injured worker utilizing Ibuprofen, Tramadol, and Vicodin for pain relief at that time. The injured worker was able to demonstrate 5/5 strength. The injured worker was identified as having a moderately antalgic gait at that time. The clinical note dated 02/14/14 indicates the injured worker rating the pain as 7-8/10. The injured worker reported pain being present at 80% throughout each day. 5-/5 strength was identified at the left great toe with extension. Sensitivity to light touch was identified with the exception of the left L5-S1 dermatome on the left. The therapy note dated 02/21/14 indicates the injured worker being recommended for physical therapy at that time. The therapy note dated 03/06/14 indicates the injured worker demonstrating pain along the S1 dermatome on the left. 4+/5 strength was identified throughout both lower extremities. 3+/5 strength was identified at the left plantar flexor. The utilization review dated 04/23/14 resulted in a denial for the continued use of Tramadol and Hydrocodone as insufficient information had been submitted confirming the effectiveness of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10-325mg 1 tablet BID #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** There should be an indication the injured worker has demonstrated a functional improvement in addition to a reduction of ongoing pain to warrant the continued use of narcotic medications. No information was submitted regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

**Tramadol 50mg 1 tablet BID #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** There should be an indication the injured worker has demonstrated a functional improvement in addition to a reduction of ongoing pain to warrant the continued use of narcotic medications. No information was submitted regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.