

<b>Case Number:</b>	CM14-0072735		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/01/1989
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Preventative Medicine, has a subspecialty in Physical Medicine and Rehabilitation 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 patient is a 59 year old female who sustained an injury on 12/01/1989. The mechanism of injury is unknown. Prior treatment history included lumbar epidural steroid injection which decreased her pain by 50%. Progress note dated 10/07/2013 indicates the patient reported she is still sore. On exam, the lumbar spine revealed tenderness to palpation bilaterally with spasms. Straight leg is positive. Range of motion revealed flexion to 44; extension to 14; right bending to 17 and lateral bending to 16. The cervical spine revealed tenderness to palpation bilaterally over the paravertebral muscles, trapezius, and left upper extremity scapular. She has positive axial compression and decreased range of motion. She is diagnosed with lumbar spine sprain/strain with lower extremity radiculopathy. She was recommended to continue Norco. There were no other progress notes available for review. Prior utilization review [REDACTED] by dated 05/02/2014 Retrospective hydrocodone BIT/acetaminophen 10/325 mg #120, DOS 7/17/13 is denied as there is no documented drug agreement nor is there any urine drug screening results therefore medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective hydrocodone BIT/ACETaminophen 10/325 mg #120, DOS 7/17/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids guidelines;.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the request is not medically necessary and appropriate.