

<b>Case Number:</b>	CM14-0085067		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 49-year-old male who reported an injury on 10/25/2011. The mechanism of injury was a fall. Diagnoses included sprain of unspecified site of elbow and forearm, sprain of unspecified site of wrist, and contusion of knees. Past treatments included medication, epidural steroid injection, and a muscle stimulator unit. Diagnostic studies were not provided. A surgical history consisted of a left middle finger surgery in 2002 and a right lower extremity surgery x3 in 2011. On 05/17/2014, the injured worker was seen for low back pain that has progressively worsened. There was tingling and numbness that extended into each leg, and the injured worker was unable to stand or walk recently. Medications included Percocet and diabetic oral medications. Surgical history also included right leg open reduction internal fixation of a tibia/fibula fracture. The injured worker had developed lumbar radiculopathy. The injured worker had a steroid injection with a 50% reduction in symptoms in 04/2014. His improvements sustained for 6 weeks. However, the symptoms have come back. The treatment plan was for a second epidural injection; refill the medications, muscle stimulator unit to be used as directed, psychological care for postoperative depression, and follow-up. The request is for Lortab 7.5/325mg, #60. The rationale was not provided. The Request for Authorization was dated 07/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab 7.5/325mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), and Opioids, criteria for use Page(s): 51, 78.

**Decision rationale:** The request for Lortab 7.5/325mg, #60 is not medically necessary. The injured worker has a history of back pain. The CA MTUS guidelines state hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation failed to indicate if Lortab was decreasing the patient's pain, and to what level. There is a lack of documentation of side effects therefore Lortab 7.5/325mg, #60 is not medically necessary.