

<b>Case Number:</b>	CM14-0135807		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 43 year old male with an injury date of 01/27/11. As per progress report dated 07/02/14, the patient complains of dull and constant low back pain rated at 1/10. The pain radiates to his right leg, especially after prolonged walking. Physical examination reveals diffuse tenderness to palpation in the bilateral paraspinal musculature. The range of motion of the lumbar spine is limited in all planes and there is decreased sensation in the S1 dermatome bilaterally. The patient is taking Norco to relieve his pain and is also relying on home exercise programs to manage his condition, as per progress report dated 07/02/14. The patient has received 3 sessions of chiropractic treatment in 2012 and 13 sessions of acupuncture in 2011-2012. He also received TESI at L5-S1 on 08/22/12, as per the same progress report. The patient is currently working full duty without any restrictions, as per progress report dated 07/02/14. MRI of the Lumbar Spine found in the AME review (no date mentioned), as per progress report dated 07/02/14:- Compression fracture at L1- L5 anterolisthesis with bilateral spondylosis with right sciatica- Degenerative disc disease at L3 through S1 Diagnoses, 07/02/14:- Multilevel disc herniations of the lumbar spine, most significant at L5-S1, with moderate to severe neural foraminal narrowing- Bilateral L5 pars defects- Retrolisthesis at L3-4 and L4-5, and grade I spondylolisthesis at L5-S1 The treater is requesting for HYDROCODONE/APAP 10/325 mg, # 90. The utilization review determination being challenged is dated 07/25/14. Treatment reports were provided from 01/30/14 - 07/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids and Medications for chronic pain Page(s): 88-89, 76-78; 60-61.

**Decision rationale:** The patient presents with dull and constant low back pain, rated at 1/10, that radiates to his right leg especially after prolonged walking, as per progress report dated 07/02/14. The request is for Hydrocodone/APAP 10/325 mg, # 90. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the first prescription for Norco was noted in progress report dated 01/30/14. The patient has been receiving the medication consistently at least since then. Although the treater does not discuss impact of Norco on ADLs, the fact that the patient is working full duty with no restrictions, as per progress report dated 07/02/14, indicates high function. The same report also mentions complete lack of side effects due to medication use. The treater also states that the patient takes Norco to decrease his pain and increase his sleep and the patient states that it "helps to do this significantly." The report rates the patient's pain at 1/10. However, none of the reports document a specific change in pain scale. One cannot tell whether or not medications are providing analgesia and the patient's ability to work. There are also no urine drug screen reports and CURES reports for review. All four A's must be addressed for chronic opiate use. The request for Hydrocodone is not medically necessary.