

<b>Case Number:</b>	CM14-0193481		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/13/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old male with an injury date of 01/13/07. Per the 10/10/14 report, the patient presents with bilateral lower back pain radiating to the bilateral buttocks and lower extremities. All movement exacerbates pain. The patient is a full time student. Examination reveals positive lumbar discogenic provocative maneuvers and bilateral sacroilitis. Muscle strength is 4/5 in the left extensor hallucis longus, right gastrosoleus and right tibialis anterior. The patient's diagnoses include: 1. New right lumbar radiculopathy with right lower extremity weakness. 2. L4-L5 mild left neural foraminal stenosis measuring 4-5 mm 3. L5-S1 central HNP 4. L2-L3, L3-L4 broad based HNP 5. Central L5-S1 disc protrusion. 6. Left S1 radiculopathy. 7. Mild to moderate L5-S1 bilateral neural foraminal stenosis. 8. Lumbar degenerative disc disease. 9. Mild facet joint arthropathy at L2-L3 10. Mild bilateral facet joint arthropathy at L5-S1 11. Lumbar sprain/strain 12. Early cauda equine symptoms. Current medications are listed as Metoprolol Succinate, Wellbutrin, Ativan, Norco, Soma, Opana, Adderall, and Prozac. The utilization review being challenged is dated 10/24/14. Reports were provided from 08/16/12 to 10/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 mg, 1 tab, 4 times daily as needed:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with bilateral lower back pain radiating to the bilateral buttocks and lower extremities. The treater request for Hydrocodone 10/325 mg, 1 Tab, 4 Times Daily As Needed. The 10/24/14 Utilization review states the request was received 10/13/14. The RFA is not included. 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. The reports provided show the patient has been taking this medication since at least 02/10/14. On 10/10/14, the treater states that Hydrocodone decreases the patient's pain 80% when taken with Opana ER. The treater further states, "This medication decreases the patient's Oswestry Disability Index score from 33 (66% disability) to 22(44%) disability." Pain is assessed through the use of pain scales on most visits. Pain is rated 4/10 on 02/10/14, 05/22/14, 07/17/14 and 08/14/14. No pain assessment through the use of a pain scale is made on 06/19/14 and 10/10/14. The treater states this medication improves ADL's such as self-care and dressing by 80%. No other specific ADL's are mentioned to show a specific change with use of this medication. Opiate management issues are addressed. The 07/17/14 report states the 06/19/14 UDS was reviewed with consistent results. This report is included and shows the presence of prescribed Hydrocodone and Oxymorphone. On 04/07/14 the treater states the 03/10/14 UDS results are consistent with medications and history. The reports also state the risks, benefits, and side effects of long-term opioid use are discussed with the patient. In this case, there is sufficient documentation of the 4As as required by MTUS. The request is medically necessary.