

<b>Case Number:</b>	CM14-0193808		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/11/1997
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Family Practice 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:

This is a 48 years old male patient who sustained an injury on 8/11/1997. The current diagnoses include lumbar radiculopathy and disc herniation at L5-S1 with moderate bilateral neural foraminal narrowing. Per the doctor's note dated 9/26/14, he had complaints of low back pain with radiation to the legs with tingling and numbness in the left lower extremity. The physical examination revealed tenderness to palpation of the lumbar spine left greater than right with spasms, intact sensation bilaterally, strength: 5-/5 left tibialis anterior, 4/5 right tibialis anterior, 4+/5 left EHL, inversion, plantar flexion, eversion and 4/5 right EHL, inversion, plantar flexion and eversion. The medications list includes gabapentin, cyclobenzaprine and Hydrocodone/APAP. An MRI dated 8/27/14, revealed postoperative changes with dextroscoliosis and retrolisthesis L3-4; L4-5 and L5-S1 with multilevel degenerative disc disease and facetarthropathy; canal stenosis includes L3-4 and L4-5 mild canal stenosis; neural foraminal narrowing includes L2-3 caudal left; L3-4 mild right, moderate left; L4-5 moderate left; moderate to severe right and L5-S1 severe bilateral neural foraminal narrowing; and clumping of nerve roots at the L4-5 level does raise question of arachnoiditis. He had undergone transforaminal epidural steroid injection at left side L3, 4, 5 and S1 on 10/4/13. Other therapy for this injury was not specified in the records provided.

### 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 #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter, Pain (updated 12/31/14), Opioids, criteria for use

**Decision rationale:** Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that the patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The reviewed records do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. In addition, the continued review of the overall situation with regard to non-opioid means of pain control is not documented. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Additionally, a recent urine drug screen report was not provided for review. This patient does not meet the criteria for ongoing continued use of opioids analgesic. Therefore, this request is not medically necessary.