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| <b>Case Number:</b>   | CM14-0194644 |                              |            |
| <b>Date Assigned:</b> | 12/02/2014   | <b>Date of Injury:</b>       | 08/04/1997 |
| <b>Decision Date:</b> | 01/15/2015   | <b>UR Denial Date:</b>       | 10/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/20/2014 |

### 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 57 year old female with an injury date of 08/04/97. Based on the 11/26/14 progress report provided by treating physician, the patient complains of low back pain that radiates to her buttocks and legs rated 3/10 with and 8/10 without medications. Patient has type I insulin dependent diabetes and was told she has arthritis in her spine, based on new X-Rays. Physical examination to the lumbar spine revealed pain and discomfort into the right buttocks, and tightness extending up the spine at L5-S1. Range of motion was decreased, especially on flexion 50 degrees and pain on rotation. Tightness at 60 degrees with straight leg raise test. Medications reduce pain by 70%. Patient feels twice as bad without medications and "she walks like a little old lady if she does not have the medications." Patient's medications include Hydrocodone/Acetaminophen and Ibuprofen, which were prescribed in progress reports dated 05/07/14 and 11/26/14. Hydrocodone is prescribed for episodes of severe pain. Patient is not working. MRI of the Lumbar Spine 2012, per treater report dated 11/26/14- multiple degenerative disc disease from L1-S1- degenerative endplate changes involving superior endplates of T12 and L1 vertebral bodies. Diagnosis 05/07/14, 11/26/14- lumbar degenerative disc disease. The utilization review determination being challenged is dated 10/17/14. Treatment reports were provided from 05/07/14 - 11/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 5/325mg, #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 - 89 and 78.

**Decision rationale:** The patient presents with low back pain that radiates to her buttocks and legs rated 3/10 with and 8/10 without medications. The request is for Hydrocodone/Acetaminophen 5/325mg, #60 with 3 refills. MRI of the Lumbar Spine from 2012, per treater report dated 11/26/14 revealed multiple degenerative disc disease from L1-S1 and degenerative endplate changes involving superior endplates of T12 and L1 vertebral bodies. Medications reduce pain by 70%. Patient feels twice as bad without medications and "she walks like a little old lady if she does not have the medications." Patient's medications include Hydrocodone/Acetaminophen and Ibuprofen, which were prescribed in progress reports dated 05/07/14 and 11/26/14. Patient is not working. 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. Per progress report dated 11/26/14, Hydrocodone is prescribed for episodes of severe pain. Patient has been taking Hydrocodone at least from treater report dated 05/07/14. In this case, in addressing the 4A's, treater has documented analgesia with proper pain scales discussing functional improvement in general terms. However, the treater does not provide discussions regarding aberrant behavior, adverse effects or specific ADL's (activities of daily living) to determine significant improvement. Urine drug screen results have not been provided nor discussed in review of medical records. There is insufficient documentation of the 4A's, as required by MTUS. Therefore the request is not medically necessary.