

<b>Case Number:</b>	CM14-0199565		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal Medicine, 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 injured worker (IW) is a 37-year-old woman with a date of injury of May 16, 2011. The mechanism of injury was a slip and fall on her back. There is a history of laminectomy and fusion at L5-S1 on February 15, 2011. She notes postop complications including CSF leak and Staph infection. The IW notes a total of 5 surgeries to her lower back including her fusion. The current diagnoses are status post L5-S1 anterior, posterior fusion with failed back surgery syndrome; and left greater than right L5 and S1 lumbar radiculopathy with active ongoing denervation signals on the left side per EMG/NCV of April 8, 2014. Pursuant to the progress note dated November 5, 2014, the IW reports that she had several episodes where her pain turned severe to the point where she presented to the emergency room. Currently, the pain is in the low back and left lower extremity. The pain travels posteriorly down the left leg into the foot. There are also complaints of muscle spasms. According to a progress note dated August 5, 2014, the provider added Vicodin ES to the medication regimen. The IW was also taking Soma for muscle spasms. Examination of the lumbar spine notes a scar from the previous surgery. She has 1 to 2+ palpable muscle spasms present. There is diffuse tenderness from L1 to S1. Range of motion is decreased. The IW has positive straight leg raise test on the left at 30 degrees. Sensory exam reveals decreased sensation in the left L5 and S1 dermatomes. The current request is for Vicodin ES 7.5/300mg #120 and Dilaudid 4mg #20. A urine drug screen (UDS) was performed on November 9, 2014. The results were inconsistent with the medications taken. Specifically, Morphine Sulfate, Codeine, and Hydrocodone were present in the urine drug specimen. According to several different entries in the medical record, the IW is allergic to Morphine Sulfate. There is no additional documentation in the medical record regarding the inconsistent results of the UDS.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin ES 7.5/300 mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicodin ES 7.5/300 mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improves quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post L5 - S1 anterior posterior fusion with failed back surgery syndrome; and [a right L5 and S1 lumbar radiculopathy with ongoing denervation signals on the left side per EMG/NCV of April 8, 2014. On August 5 of 2014 the injured worker was taking only Soma. The treating physician added Vicodin ES 7.5/300 mg at that time. The documentation indicates the injured were "allergic to morphine sulfate". The injured worker in a November 5, 2014 progress note indicates the injured worker is taking Vicodin ES and Soma. A urine drug screen was performed on November 9, 2014. The results were inconsistent with the medications being taken. Specifically, morphine sulfate, codeine hydrocodone were present in the urine drug specimen. Injured worker, as noted above, is allergic to morphine sulfate. The injured worker has no prescription for morphine sulfate. There is no additional documentation in the medical record regarding the inconsistent results of the UDS, the presence of morphine sulfate (in a UDS) in an injured worker with an allergy to morphine sulfate and no prescription for morphine sulfate. Consequently, absent the appropriate clinical indications and clinical rationale for ongoing opiate use, evidence of objective functional improvement and inconsistent results on UDS, Vicodin ES 7.5/300 mg #150 is not medically necessary.

**Dilaudid 4 mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dilaudid 4 mg #20 is not medically necessary. Ongoing, chronic opiate

use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improves quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post L5 - S1 anterior posterior fusion with failed back surgery syndrome; and [a right L5 and S1 lumbar radiculopathy with ongoing denervation signals on the left side per EMG/NCV of April 8, 2014. On August 5 of 2014 injured worker was taking only Soma. The treating physician added Vicodin ES 7.5/300 mg at that time. The documentation indicates the injured were "allergic to morphine sulfate". The injured worker on a November 5, 2014 progress note indicates the injured worker is taking Vicodin ES and Soma. A urine drug screen was performed on November 9, 2014. The results were inconsistent with the medications being taken. Specifically, Morphine sulfate, codeine hydrocodone were present in the urine drug specimen. The injured worker, as noted above, is allergic to morphine sulfate. The injured worker has no prescription for morphine sulfate. There is no additional documentation in the medical record regarding the inconsistent results of the UDS, the presence of morphine sulfate (in a UDS) in an injured worker with an allergy to morphine sulfate and no prescription for morphine sulfate. Consequently, absent the appropriate clinical indications and clinical rationale for ongoing opiate use, evidence of objective functional improvement and the inconsistent results on UDS, Dilaudid 4 mg #20 is not medically necessary.