

<b>Case Number:</b>	CM15-0101948		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	09/14/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 injured worker is a 36-year-old male, with a reported date of injury of 09/14/2013. The diagnoses include lumbar radiculopathy and low back pain. Treatments to date have included oral medications, topical pain medication, home exercise program, and functional restoration program. The functional restoration program discharge report (with no date of service) indicates that the injured worker had successfully completed five weeks of the functional restoration program on 05/29/2015. He was considered permanent and stationary. The injured worker had a history of low back pain, and rated his pain 6 out of 10. It was noted that the pain had not been a barrier to continue increased physical functioning in his daily routine. The injured worker was engaged in more activities at home and was more physically active in treatment. It was noted that the injured worker had increased lumbar spine flexion and extension. The physical examination at the third week of the functional restoration program showed a normal gait, restricted lumbar range of motion with pain, tenderness to palpation of the paravertebral muscles on the right of the lumbar spine, tenderness of the spinous process at L3, L4, and L5, tenderness over the sacroiliac spine, and decreased light touch sensation over the medial calf, and lateral calf on the left side. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Hydrocodone 10/325mg #60 for chronic lumbar spine pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg tablets, #60 refills: unspecified: Upheld**

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

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

**Decision rationale:** The patient presents at an unspecified date for discharge from a functional restoration program ending on 05/29/15, which was addressed at this patient's chronic lower back pain. The patient's date of injury is 09/14/13. Patient has no documented surgical history. The request is for HYDROCODONE 10/325MG TABLETS #60 REFILLS, UNSPECIFIED. The RFA was not provided. The discharge progress note does not provide any physical examination findings, only a review of patient progress through the program with observed functional improvements, diagnostic psychological testing, pain disability ratings, sleep severity index, etc. However, the week 3 summary documents tenderness to palpation of the lumbar paraspinal muscles on the right, tenderness in the spinous processes at L3 through L5 levels, and tenderness over the sacroiliac spine. Neurological examination reveals decreased light touch sensation over the medial and lateral aspects of the left calf. The patient is currently prescribed Norco, orphenadrine, Senna-Lax, Omeprazole, and Lidopro ointment. Diagnostic imaging was not included. Patient's current work status is not provided. 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 regard to the request for continuation of Norco, the provider has not supplied adequate documentation to continue its use. It is not clear how long this patient has been prescribed Norco or to what effect, as no PR-2 progress notes were provided. The only documentation made available for review was a week 3 summary and final discharge note for a functional restoration program ending on 05/29/15. The undated discharge note does not provide documentation of analgesia attributed to medications, though does provide ample evidence of significant functional improvements attributed to attendance of the functional restoration program (without attributing improvements to medications). There is no documentation of consistent urine drug screening or a discussion of aberrant behavior, either. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no such documentation was provided. Owing to a lack of complete 4A's documentation, the request is not medically necessary.