

<b>Case Number:</b>	CM15-0131440		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Emergency Medicine

### 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 40 year old male who sustained an industrial injury on September 13, 2013. He has reported low back pain with numbness to both feet from prolonged sitting and has been diagnosed with lumbar disc displacement, lumbosacral spondylosis, and sciatica. Treatment has included surgery, medications, physical therapy, medical imaging, chiropractic care, and acupuncture. Lumbar extension was measured to be 15 degrees. Lumbar flexion was measured to be 60 degrees. Sensation was decreased in the dermatomes. Straight leg raise was negative. Spasm and guarding was noted in the lumbar spine. The treatment request included hydrocodone and Sonata.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Hydrocodone-Acetaminophen 7.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested 1 prescription of Hydrocodone-Acetaminophen 7.5/325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with numbness to both feet from prolonged sitting and has been diagnosed with lumbar disc displacement, lumbosacral spondylosis, and sciatica. Treatment has included surgery, medications, physical therapy, medical imaging, chiropractic care, and acupuncture. Lumbar extension was measured to be 15 degrees. Lumbar flexion was measured to be 60 degrees. Sensation was decreased in the dermatomes. Straight leg raise was negative. Spasm and guarding was noted in the lumbar spine. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 1 prescription of Hydrocodone-Acetaminophen 7.5/325mg #120 is not medically necessary.

**1 prescription of Sonata 5mg, #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Sonata/Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), (updated 07/10/14), Insomnia Medications.

**Decision rationale:** The requested 1 prescription of Hydrocodone-Acetaminophen 7.5/325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with numbness to both feet from prolonged sitting and has been diagnosed with lumbar disc displacement, lumbosacral spondylosis, and sciatica. Treatment has included surgery, medications, physical therapy, medical imaging, chiropractic care, and acupuncture. Lumbar extension was measured to be 15 degrees. Lumbar flexion was measured to be 60 degrees. Sensation was decreased in the dermatomes. Straight leg raise was negative. Spasm and guarding was noted in the lumbar spine. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 1 prescription of Hydrocodone-Acetaminophen 7.5/325mg #120 is not medically necessary.

