

<b>Case Number:</b>	CM15-0147823		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Pain Management

### 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, with a reported date of injury of 09-13-2013. The mechanism of injury was the trenching with a pick for several days, trying to uncover a broken conduit. The injured worker's symptoms at the time of the injury included sharp pain in the low back. The diagnoses include lumbar disc displacement without myelopathy, lumbosacral spondylosis, and sciatica. Treatments and evaluation to date have included chiropractic treatment, oral medications, topical pain medication, physical therapy, and L3-4 microdiscectomy on 11-14-2014. The diagnostic studies to date have included an x-ray of the lumbar spine on 09-23-2013 which showed no acute osseous abnormality; an MRI of the lumbar spine on 10-17-2013 which showed mild to moderate lumbar spondylosis without any significant spinal canal stenosis at any level, some mild to moderate neural foraminal narrowing at L4-5 and L5-S1, and L3-4 left lateral recess effacement; and electrodiagnostic studies of the bilateral lower extremities on 08-19-2014 which showed bilateral S1 lumbosacral radiculopathy and right L5 lumbar radiculopathy. The visit note dated 07-13-2015 indicates that the injured worker was there for follow-up on his low back pain. He continued to report low back pain, with radiation of numbness and tingling into the bilateral lower extremities. The injured worker also reported some weakness in his legs, and has stumbled several times. After increasing his activity, the injured worker had an increase in pain. It was noted that he continued with Norco 7.5-325mg four times daily. The injured worker noticed more adequate control of his pain when he took the medication consistently every six hours. He stated that Norco decreased his pain by at least 30%, which allowed him to sit and stand for longer periods of time. The injured worker underwent

an MRI of the lumbar spine on 07-01-2015 which showed no central canal stenosis, and no interval postoperative complications. The objective findings include an antalgic gait; normal muscle tone in the bilateral upper and lower extremities; and some decreased muscle strength in the bilateral lower extremities. There was documentation that they complained of constipation, heartburn, nausea, and abdominal pain. The injured worker has work restrictions. The treating physician requested Hydrocodone-Acetaminophen 7.5-325mg #120 and Sonata 5mg #20.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hydrocodone-Acetaminophen 7.5-325mg #120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for hydrocodone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use, and the most recent UDS was said to be consistent. In light of the above, the currently requested hydrocodone is medically necessary.

#### **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, 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) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for Sonata, California MTUS guidelines are silent regarding the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, the patient's insomnia due to pain does appear to be improved to some degree with the use of the medication, but the guidelines do not support long-term use of sleep medications. In light of the above issues, the currently requested Sonata is not medically necessary.