

<b>Case Number:</b>	CM15-0169032		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/27/1987
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

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 53 year old male, who sustained an industrial-work injury on 7-27-87. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral neuritis, lumbar radiculopathy, chronic pain, status post lumbar fusion. Treatment to date has included medication (muscle relaxant, NSAID (non-steroid anti-inflammatory), opioid), surgery (lumbosacral fusion on 1-7-15), and physical therapy. Currently, the injured worker complains of low back pain with frequent spasms rated 4-6 out of 10 with medication and 6-7 out of 10 without medication that was aggravated by activity and prolonged sitting, standing, and walking. Pain had not changed from last visit and interfered with ADL's (activities of daily living) but improved function with therapy. Medication dose lasts 3 hours. There was moderate improvement with therapy. Per the pain management re-evaluation on 8-3-15, exam noted slow gait, well healed surgical scar, spasm at L4-S1, negative straight leg raise at 90 degrees, normal sensation, decreased strength in the right lower extremity L4-5 dermatomal level. Hydrocodone-APAP has been taken for pain since at least 4-19-12 with provider suggesting a goal to wean for almost two years. Current plan of care includes follow up in one month, recovery from surgery, recommended weaning of opiates and soma as tolerated. The Request for Authorization date was 8-17-15 and requested service included 90 Hydrocodone-APAP 10-325mg. The Utilization Review on 8-20-15 modified the request for 68 Hydrocodone 10-325 mg for reason of weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Hydrocodone/APAP 10/325mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain 2001 Nov;94 (2):149-58.

**Decision rationale:** The claimant has a remote history of a work injury in July 1987 and is being treated for chronic low back pain after a lumbar fusion. Medications are referenced as decreasing pain from 6-7/10 to 4-6/10 with moderate improvement in activities of daily living and work with improved quality of life. When seen, he was participating in physical therapy. He was having frequent spasms. Norco was working well in controlling pain. Physical examination findings included appearing in moderate distress. There was a slow and antalgic gait. There was paraspinal muscle tenderness with spasms. There was decreased right lower extremity strength with normal sensation and negative straight leg raising. Norco was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. No other opioid medications were being prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain with improved activities of daily living and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.