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| <b>Case Number:</b>   | CM15-0181286 |                              |            |
| <b>Date Assigned:</b> | 09/22/2015   | <b>Date of Injury:</b>       | 04/05/2004 |
| <b>Decision Date:</b> | 10/27/2015   | <b>UR Denial Date:</b>       | 09/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/14/2015 |

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial-work injury on 4-5-04. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbar disc displacement without myelopathy, and lumbago. Treatment to date has included medication, adaptive equipment, ESI (epidural steroid injection), activity modification, acupuncture, and surgery (percutaneous discectomy on 5-2005, laminectomy 8-2005). Currently, the injured worker complains of axial lower back pain, worse with extended periods of activity and in colder weather. Medications include Norco that decreases pain by 40%, Gabapentin that helps with nerve pain and sleep, Naproxen for fluency, and Ketamine cream as a topical neuropathic agent, as well as Zantac for stomach upset. Per the primary physician's progress report (PR-2) on 8-25-15, exam noted him to be moderately obese, alert, normal muscle tone in all extremities. Current plan of care includes continuing with conservative medication management since he would like to defer interventional treatment. The Request for Authorization requested service to include Hydrocodone/APAP 10/325mg #90. The Utilization Review on 9-2-15 denied the request due to lack of trial to taper or discontinue opioid or efficacy of prior treatment, or testing for compliance, per CA MTUS (Medical Treatment Utilization Schedule) Guidelines, Chronic Pain Medical Treatment 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #90:** Upheld

**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 for chronic pain.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26. Page 79, 80 and 88 of 127. Key case observations are as follows. The claimant was injured in 2004 with lumbar pain from post laminectomy syndrome, lumbar disc displacement without myelopathy, and lumbago. Norco decreases the pain by 40%. The current plan of care included continuing with conservative management, since he would like to defer interventional treatment. There was no efficacy of prior treatment, or demonstration of objective functional improvement out of the opiate usage. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review and therefore is not medically necessary.