

<b>Case Number:</b>	CM15-0185833		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/11/2008
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 62 year old female, who sustained an industrial-work injury on 9-11-08. She reported initial complaints of low back pain. The injured worker was diagnosed as having chronic pain syndrome, and post laminectomy syndrome. Treatment to date has included medication, ESI (epidural steroid injections), and surgery (posterior lumbar fusion and laminectomy at L2-3, L3-4, and L4-5 on 4-18-12). Currently, the injured worker complains of same low back pain with lower extremity radiation and described as intermittent and aching. Medication allows her to do ADL's (activities of daily living). The patient also had muscle aches and arthralgias-joint pain and depression. Per the primary physician's progress report (PR-2) on 8-27-15, exam notes worse antalgic gait, tenderness of the paraspinal region at L4 and the iliolumbar region, tenderness of the paraspinal region at L4 and the iliolumbar region. The Request for Authorization requested service to include Hydrocodone 10/325mg 2nd RX for October #135. The Utilization Review on 9-10-15 denied the request for Hydrocodone 10/325mg 2nd RX for October #135, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009. The patient sustained the injury when she was stepping the bus. The patient has had MRI of the lumbar spine on 6/13/14 that revealed disc protrusions, central canal stenosis and surgical changes and degenerative changes. The medication list include Norco, Metformin, Omeprazole and gabapentin. The patient's surgical history include lumbar surgery in 4/2012. The patient had received an unspecified number of PT visits for this injury. Per the records provided the patient has had a UDS and it was consistent. Per the note dated 8/27/15 the medication helps in ADLs, and without

medication she was bed bound. The patient has had a denial for SCS. The patient takes a total morphine dose less than 120 mg/day, an opioid consent was on file and the patient had functional improvement with medication.

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

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

#### **Hydrocodone 10/325mg 2nd RX for October #135: 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.

**Decision rationale:** Request: Hydrocodone 10/325mg 2nd RX for October #135. This is an opioid analgesic According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Treatment to date has included medication, ESI (epidural steroid injections), and surgery (posterior lumbar fusion and laminectomy at L2-3, L3-4, and L4-5 on 4-18-12). Currently, the injured worker complains of the same low back pain with lower extremity radiation and described as intermittent and aching. Medications allow her to do ADL's (activities of daily living). Per the primary physician's progress report (PR-2) on 8-27-15, exam notes worse antalgic gait, tenderness of the paraspinal region at L4 and the iliolumbar region, tenderness of the paraspinal region at L4 and the iliolumbar region. Patient has had a trial of Gabapentin (non opioid medication) for this injury. Per the note dated 8/27/15 the medication helps in ADLs, and without medication she was bed bound. The patient takes a total morphine dose less than 120 mg/day, an opioid consent was on file and the patient had functional improvement with medication. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/prn basis. The medication Hydrocodone 10/325mg 2nd RX for October #135 is medically necessary and appropriate in this patient.