

<b>Case Number:</b>	CM15-0186169		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 62 year old female, who sustained an industrial injury on 4-7-14. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included chiropractic therapy; acupuncture; status post transforaminal epidural injection right L4-5, epidurogram (12-13-14; 5-2-15); medications. Diagnostics studies included MRI lumbar spine. PR-2 notes dated 6-2-15 was for a re-evaluation after the injured worker has a transforaminal epidural steroid injection at right L4-5 on 5-2-15. The provider documents "She noticed about a 50% reduction of the pain. We will see how the patient responds to the epidural with time." A PR-2 note dated 7-14-15 indicates a re-evaluation on this date. The provider documents "She continues to have ongoing pain in the lower back that is radiating to the right leg. Previously epidural helped significantly to control symptoms. The last epidural was given over two months ago and gave her 50% reduction of pain that lasted over six weeks. Her pain is increasing now and she is having a harder time dealing with it. I would like to recommend an epidural injection at the right L4-5 level to see if that helps ease the pain." Prior notes of "Treatment" dated 7-29-14 indicated the injured worker had been prescribed Norco (no amount or duration). A PR-2 note dated 7-29-15 indicated this was for a re-evaluation. The provider documented "She brought in copies of the MRI scan of the coccyx and lumbar spine. The MRI scan of the lumbar spine shows bulging disc at L3-4, L4-5, and L5-S1 with lateral recess stenosis and foraminal narrowing on both sides. The patient also has acute angulation of the coccyx. It is described as 7, with acute bend." His documentation continues with "I would like to start the patient on acupuncture and chiropractic, twice a week for six weeks, to see if that helps control her symptoms. The patient will return in six weeks for re-evaluation. I will renew her medication today. If she is not making progress, we can consider epidural injection at L5-S1, L4-5, and L3-

4." A PR-2 note dated 8-25-15 indicates the injured worker returned for a re-evaluation. The provider documents "She is having a lot of pain. We have authorized for epidural. We will schedule on the next available date. We will refill her medication to continue to help manage her pain. We will see the patient back in six weeks or after the injection. A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 9-9-15 and non-certification was for Hydroco-PAP tab 10-325mg day supply: 15 #90. A request for authorization has been received for Hydroco-APAP tab 10-325mg day supply: 15 #90.

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

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

**Hydroco/APAP tab 10-325mg day supply: 15 qty: 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, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in April 2014 and continues to be treated for chronic radiating back pain. Epidural steroid injections are being done. Physical examination findings have included positive right straight leg raising. When seen, chiropractic and acupuncture treatments were started. Medications were refilled. There was consideration of a three level transforaminal lumbar epidural injection. Temporary total disability was continued. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.