

<b>Case Number:</b>	CM15-0189985		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	02/26/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 46 year old female, who sustained an industrial injury on 2-16-15. She is diagnosed with disc displacement without myelopathy. Her work status is temporary total disability. A note dated 8-13-15 reveals the injured worker presented with complaints of low back pain with numbness and tingling in her lower extremities bilaterally (right greater than left). She reports her ability to engage in activities of daily living and the pain impacts her quality of life. Physical examinations dated 7-17-15 - 8-13-15 revealed tenderness to palpation bilaterally at the "paralumbal musculature". "She is very guarded in motion and active voluntary range of motion of the thoracolumbar spine was severely limited." She has decreased lumbar range of motion. She has an altered gait, the straight leg raise test is positive for low back and buttock pain on the left and low back, buttock and thigh on the right. There is trace weakness of the "bilateral ankle dorsiflexors". Treatment to date has included medications; Norco (for at least 6 months) and Soma, which she reports symptoms are severe without medication per note dated 8-13-15, sacroiliac joint injection, trigger point injections, lumbar epidural steroid injections with improvement for several months, per note dated 4-29-15 and a BREG lumbosacral support. Diagnostic studies has included lumbar spine MRI. A request for authorization dated 8-13-15 for Hydrocodone-Acetaminophen 10-325 mg (retrospective with a dated of service 8-13-15) is non-certified, per Utilization Review letter dated 9-16-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Hydrocodone/Acetaminophen 10/325mg, #120 (DOS: 08/13/2015): 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, specific drug list.

**Decision rationale:** Retrospective Hydrocodone/Acetaminophen 10/325mg, #120 (DOS: 08/13/2015) is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; and (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of documentation of improved function with this opioid. Specifically, it was noted that the patient has been non-compliant with home exercise program; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant of this medication to avoid side effects of withdrawal.