

<b>Case Number:</b>	CM15-0195154		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old female, who sustained an industrial-work injury on 3-19-10. She reported initial complaints of low back pain that radiated down the right leg with weakness. The injured worker was diagnosed as having lumbago, lumbosacral neuritis, lumbar disc displacement, and chronic pain syndrome. Treatment to date has included medication, diagnostics, referral to orthopedics. MRI results were reported on 5-1-14 that noted L5-S1 posterior bulging disc-osteophyte, 2.3 mm mild facet hypertrophy, mild bilateral foraminal stenosis, canal patent; L4-5 right foraminal bulging disc 1.9 mm right mild foraminal stenosis, canal patent. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 9-17-14 that was noted for minimal chronic S1 radiculopathy of right leg, normal left leg. Currently, the injured worker complains of low back pain that feels the same that radiates down the right leg and leg feels weak. Pain is reported as 9 out of 10. Aggravating factors include bending, climbing stairs, unable to drive, pulling, sitting, standing, twisting, walking, lifting, and overhead reaching. Drug testing was inconsistent with prescribed medications per orthopedic report. Medication included Norco and Gabapentin. Per the primary physician's progress report (PR-2) on 4-8-15, exam noted cane used for ambulation, erect posture, tenderness of lumbar paraspinals bilaterally, straight leg raise is positive, seated and supine. Current plan of care includes ESI (epidural steroid injection) and medication. The Request for Authorization requested service to include Hydrocodone/acetaminophen 10/325 mg #60 refill-3. The Utilization Review on 9-22-15 denied the request for Hydrocodone/acetaminophen 10/325 mg #60 refill-3, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/acetaminophen 10/325 mg #60 refill-3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

**Decision rationale:** The patient presents with low back pain that radiates to the right lower extremity. The request is for Hydrocodone/Acetaminophen 10/325MG #60 refill-3. Per 09/25/15 progress report, patient's diagnosis include lumbar radiculopathy, and herniation of lumbar intervertebral disc w radiculopathy. Patient's work status is modified duties. MTUS, Criteria For Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria For Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request; no RFA was provided either. It is not clear how long the patient has been utilizing this medication, as the prescriptive notes were not included in the reports. However, in progress reports dated 04/06/15 and 09/29/15, under Medication History, it was noted that the patient had been utilizing Norco (Hydrocodone/Acetaminophen) and Gabapentin. In this case, there are no discussions in regards to this medication's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. There are no UDS test results, no discussions on CURES, and no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request is not medically necessary.