

<b>Case Number:</b>	CM15-0242083		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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: Florida

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 44-year-old female, with a reported date of injury of 04-09-2010. The diagnoses include L5 and S1 radiculopathy, central disc protrusion at L2-3, L3-4, L5-6, and L5-S1, L5-S1 central disc herniation, lumbar stenosis, lumbar facet joint arthropathy, lumbar degenerative disc disease, and lumbar sprain and strain. The progress report dated 09-22-2015 indicates that the injured worker had left low back pain with radiation into the left posterior calf. The physical examination showed positive lumbar discogenic provocative maneuvers; negative bilateral sacroiliac provocative maneuvers; positive Patrick's maneuver on the right; normal muscle strength in the bilateral lower extremities except for right extensor hallucis longus, right tibialis anterior, and right gastro soleus strength; and intact sensation to light touch, pinprick, proprioception, and vibration in the right lower extremity and decreased to all modalities in the left anterior thigh. The progress report dated 10-29-2015 indicates that the injured worker had left low back pain with radiation into the left posterior calf. It was noted that she had completed 3 out of 8 acupuncture sessions, which weren't helpful. The physical examination of the spine showed restricted range of motion of the lumbar spine by pain in all directions; positive lumbar discogenic provocative maneuvers; negative bilateral sacroiliac provocative maneuvers; positive Patrick's maneuver on the right; normal muscle strength in the bilateral lower extremities except for right extensor hallucis longus, right tibialis anterior, and right gastro soleus strength; and intact sensation to light touch, pinprick, proprioception, and vibration in the right lower extremity and decreased to all modalities in the left anterior thigh. It was noted that the Hydrocodone provided 50% improvement of the injured worker's pain with 50% improvement of

her activities of daily living. It was also noted that she was up-to-date on the pain contract, and her previous urine drug screens were "consistent" with no aberrant behaviors. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Hydrocodone (since at least 08-2015), Ibuprofen, and Vicodin (discontinued). The treating physician requested Hydrocodone 10-325 mg #60 with two refills. On 11-17-2015, Utilization Review (UR) non-certified the request for Hydrocodone 10-325 mg #60 with two refills.

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

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

**Hydrocodone 10/325mg, #60 with 2 refills:** Upheld

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

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

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.