

<b>Case Number:</b>	CM14-0126462		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32-year-old male with a date of injury of 6/10/13. The mechanism of injury occurred when he lifted an object and felt a pull in his right low back. It was noted he has had 24 therapy sessions. On 5/12/14, he was prescribed Norco 10/325mg #90. On 6/12/14 and 7/10/14, he was prescribed Norco 10/325mg #60. On 6/12/14 he complained of low back pain rated 7/10 with intermittent right lower extremity symptoms. He complained of refractory radicular component. The physical therapy of the lumbar spine facilitated diminution in axial low back pain, but was not efficacious in regards to radicular component. He recalled 24 physical therapy sessions. (The patient was accompanied by a state certified interpreter). He stated that medication enables greater function and activity level. He reported significant decrease in pain with medication on board, and an increase in ADL. He has improved adherence to physical exercise as well as improved range of motion. He stated since he has been on Tramadol ER, he has been able to taper down the use of Hydrocodone from up to 6 tabs/day down to 2-3 tabs/day for breakthrough pain. He stated current medications result in no side effects. On exam there was tenderness in the limboparaspinal musculature. There was mild swelling and restricted range of motion in all planes of the lumbar spine. Pain management was discussed. Current medication does result in greater adherence to activity and exercise and range of motion has improved. He has been able to taper down the Hydrocodone from 6 tabs per day to 2-3 tablets per day with the addition of Tramadol ER. ADL's have also improved with use of medication. Narcotic monitoring was discussed and a pain contract reviewed with the patient. He was compliant with the pain contract stipulations. The diagnostic impression is protrusion L4-5, lumbar sprain/strain, and bilateral L5 spondylolysis with anterolisthesis and left foraminal stenosis. Treatment to date: MRI 1/21/14, aquatic therapy, physical therapy, lumbosacral orthotic, home exercise program, TENS Unit, medication management. A UR review dated 7/10/14 denied the request for Hydrocodone.

10/325mg #60. The request for Hydrocodone 10/325mg was denied because there is no documentation of an appropriate ongoing management program.

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

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

#### **Hydrocodone 10/325 mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on Hydrocodone/Acetaminophen for pain, however, on 6/12/14, with the addition of Tramadol ER, his use of Hydrocodone/Acetaminophen has decreased from up to 6 tabs/day to 2-3 tabs/day for breakthrough pain. It was noted his prescribed Hydrocodone/Acetaminophen had been decreased from #90 on 5/12/14, to #60 on 7/10/14. On 6/12/14, it was noted that the patient has showed objective functional improvement in range of motion of the lumbar spine, improved level of tolerance to exercise and ADL. There was discussion of pain management and monitoring with emphasis on proper pain med use, and side effects. A pain contract was noted and patient is compliant. Therefore, the request for Hydrocodone/acetaminophen 10/325mg #60 was medically necessary.