

<b>Case Number:</b>	CM14-0134719		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	04/08/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in California and Washington. 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:

The injured worker is a 35 year old male with a reported date of injury on 04/08/2009. The mechanism of injury was not noted in the records. The past treatments included pain medication and surgery. The diagnoses were facet arthropathy lumbar spine and herniated discs of the lumbar spine. An MRI of the lumbar spine was performed on 12/16/2011. The surgical history included lumbar fusion at L4-L5 on 11/02/2010. On 08/13/2014, the subjective complaints were low back pain that radiated to his bilateral lower legs, rated 8/10. The physical examination noted limited range of motion in all planes of lumbar spine, tenderness to palpation of the lumbar spine with spasms, and positive bilateral straight leg raise. The medications included Norco, Gabapentin, Tramadol, Promolaxin, and Prilosec. The notes indicate that the injured worker has been on Norco since at least 04/23/2014. The notes documents pain relief with medications rated at 8/10 and without medication 10/10. The treatment plan was to have a possible revision of the previous lumbar fusion and to continue medications. The rationale was to relieve pain. The request for authorization form was dated 08/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10.325mg 3180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** California MTUS guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker underwent lumbar fusion surgery in 2010 and has chronic back pain. The notes indicate that the injured worker has been on Norco since at least 04/23/2014. There was not adequate documentation in the clinical notes submitted showing quantified pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no drug screen submitted to assess for aberrant behavior. As adequate documentation was not submitted to show quantified pain relief, side effects, physical and psychosocial functioning, or aberrant behavior, the request is not supported. Additionally the request as submitted did not provide a frequency and quantity. As such, the request is not medically necessary.