

<b>Case Number:</b>	CM15-0014635		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/19/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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 60-year-old female who reported an injury on 03/19/2008 due to an unspecified mechanism of injury. On 09/22/2014 she presented for a followup evaluation. She reported low back pain that had increased since her previous visit. She was noted to be taking Norco once a day instead of twice daily. She rated her pain at a 5/10 to 6/10, and had associated cramping and radiation of numbness into the left lower extremity from the toes to the calf. Her medications included Norco 10/325 mg twice a day, Prilosec 20 mg daily, Docuprene 100 mg twice a day, Lyrica 50 mg 3 times a day, and tramadol ER 150 mg as needed for pain. She stated that her pain was a 6/10 to 7/10 without medications and a 5/10 with medications. Physical examination showed that she had a well healed lumbar spine surgical incision, and there was decreased range of motion in every plane. Tenderness to palpation was noted in the lumbar paraspinal muscles with the left side being more severe, and straight leg raise was at 60 degrees. She had decreased sensation in the left L4, L5, and S1 dermatomes to pinprick and light touch, and strength was a 5/5 throughout. She was diagnosed with status post revision and fusion at L5-S1, left lumbar radiculopathy, retained bone stimulator, status post left ankle fracture and FBSS. The treatment plan was for APAP with codeine 300/30 mg #90. The rationale was to continue treating the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/w Codeine 300/30mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** The California MTUS indicates that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does indicate that the injured worker is having a quantitative decrease in pain and an objective improvement in function with the use of her medications. However, there were no official urine drug screens or CURES reports provided for review to validate that she has been compliant with her medication regiment. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.