

<b>Case Number:</b>	CM15-0119148		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 37 year old male, who sustained an industrial injury on August 31, 2011. Treatment to date has included lumbar epidural steroid injection, MRI of the lumbar spine, lumbar laminectomy, TENS unit, and medications. Currently, the injured worker reports that a lumbar epidural steroid injection reduced his pain by 50% and he has no numbness radiation down the right lower extremity. He reports that he is less reliant on medications and can tolerate standing for longer periods of time and is able to walk longer distances. He is utilizing his TENS unit and his medications to continue working. He reports significant muscle spasm at the right T10 paraspinal muscles and his muscle spasms prevent him from getting a restful sleep. On physical examination, the injured worker had an antalgic gait and had spasm and guarding on examination of the lumbar spine. An MRI of the lumbar spine on March 2, 2015 revealed post-surgical changes at L5-S1 with disc bulge, small right paracentral protrusion and periarticular spurring and epidural enhancement and revealed degenerative changes at the L4-L5 level with left lateral protrusion resulting in moderate neuroforaminal narrowing. The diagnoses associated with the request include spondylosis of the lumbosacral spine, lumbar post-laminectomy syndrome, and lumbar disc displacement. The treatment plan includes continued pantoprazole-protonix, hydrocodone-apap, gabapentin, and cyclobenzaprine-Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury in August 2011 and continues to be treated for lumbar degenerative disc disease and lower extremity radicular symptoms. The claimant continues to work and assessment. He uses TENS and medications are referenced as allowing him to continue working as an assistant foreman. He is unable to tolerate NSAID medications. Medications are also referenced as allowing him to be active and to facilitate weight loss. Norco is referenced as decreasing pain from 7-8/10 to 5/10. The dose had been decreased and was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. When seen, he was noted to be moderately obese. There was an antalgic gait. There was lumbar spine muscle spasms with guarding. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing pain control and facilitating work and weight loss. The total MED was less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.