

<b>Case Number:</b>	CM15-0061476		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	05/12/1999
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 75 year old male, who sustained an industrial injury on 5/12/1999. Diagnoses have included lumbar spine sprain/strain superimposed upon multi disc bulging and severe degenerative disc disease with scoliosis of the lumbar spine. Treatment to date has included medication. According to the progress report dated 3/17/2015, the injured worker complained of low back pain that radiated into both legs with numbness of the right leg to the toes. He was using Lortab one tablet two times a day. The injured worker reported functional improvement and improvement in pain with his current medication regimen. Physical exam revealed tenderness over the upper and lower spine with spasm. Lumbar spine range of motion was decreased. Authorization was requested for Lortab prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab 7.5/300mg #120:** 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): 76-85, 88-89.

**Decision rationale:** This 75 year old male has complained of low back pain since date of injury 5/12/99. He has been treated with physical therapy and medications to include opioids since at least 09/2014. The current request is for Lortab 7.5/300. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Lortab 7.5/300 is not medically necessary.

**Lortab 7.5/300mg #120 to be filled on 4/17/15:** 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): 76-85, 88-89.

**Decision rationale:** This 75 year old male has complained of low back pain since date of injury 5/12/99. He has been treated with physical therapy and medications to include opioids since at least 09/2014. The current request is for Lortab 7.5/300 # 120 to be filled on 4/17/15. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Lortab 7.5/300 #120 to be filled on 4/17/15 is not medically necessary.