

<b>Case Number:</b>	CM15-0068315		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 51 year old female, who sustained an industrial injury on 3/7/2012. The current diagnoses are lumbar disc protrusion, lumbar radiculopathy, and stenosis of the lumbar region. According to the progress report dated 3/3/2015, the injured worker reports that she has returned to work on 1/26/2015 as a certified nursing assistant and assigned to regular duty. The repetitive nature of her job, bending, twisting, pulling, pushing, standing, and walking are not well tolerated. She reports "too much pain". The current medications are Hydrocodone, Baclofen, Gabapentin, and combination of Acetaminophen and Ibuprofen. Treatment to date has included medication management, MRI studies, physical therapy, epidural steroid injection, and surgical intervention (10/23/2013). The plan of care includes a prescription refill for Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Also, exactly how long this patient has been taking this narcotic is not defined in the records. This medication has also previously been recommended for weaning. Likewise, this request is not medically necessary.