

<b>Case Number:</b>	CM13-0015819		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	12/14/1998
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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:

This is a male patient with a date of injury of 12/14/98. A utilization review determination dated 7/23/13 recommends non-certification of Hydrocodone/APAP. A progress report dated 1/16/14 identifies subjective complaints including low back pain 6/10. Pain level has been better because patient has been sick and not doing much except resting. Lyrica helping morning pain, but patient says he gained 8 pounds and wants to try Gralise. He didn't take it last month because he was sick and didn't want to mix anything with the antibiotics he was taking. He says that he was put on Norco from his dentist. The objective examination findings identify decreased lumbar spine ROM, left hip flexion and knee flexion and extension functional, but weaker compared to the right. Decreased DTRs on left at patella and ankle. The diagnoses include chronic pain syndrome; left lumbar radiculopathy; low back pain; neuropathic pain component. The treatment plan recommends Vicodin 1-2 tabs as 10/325 BID. The patient was denied refills by insurance company. The patient has been on Vicodin since 2011 with no issues and relief of pain. The patient was told he cannot accept pain medications from any other doctor including his dentist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/Hydrocodone Bitartrate Tab 325/10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, page 91, 2010 Revision, Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-79.

**Decision rationale:** Regarding the request for Hydrocodone/APAP, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is a mention of the patient taking Vicodin since 2011 with no issues and a nonspecific mention of pain relief. However, there is no indication that the Hydrocodone is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). Opioids should not be discontinued abruptly. In light of the above issues, the currently requested Hydrocodone/APAP is not medically necessary.