

<b>Case Number:</b>	CM13-0022140		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	05/27/2008
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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, and Pain Medicine 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:

The patient is a 43-year-old female who sustained a work related injury on 05/27/2008. The clinical information indicates the patient has had an 8/10 pain rating since 12/2012, despite being on a medication regimen of gabapentin, Kadian, and Hydrocodone. The evaluation dated 08/06/2013 revealed physical examination findings of moderate tenderness to palpation of the lumbar, thoracic, and cervical spine, as well as moderately diminished active range of motion secondary to pain. The most recent evaluation dated 09/03/2013 revealed physical examination findings of an antalgic gait with the use of a cane as well as patient reports of 8/10 pain. The patient's diagnoses included myofascial pain syndrome, lumbar spondylosis, cervical spondylosis, knee pain, and thoracic spondylosis. Treatment plan included continuation of Norco 10/325 mg and agreement by the patient to try and stay active and perform her exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Kadian 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines require certain criteria for ongoing monitoring of opioid use. The criteria include documentation of the 4 A's (adverse effects, activities of daily living, aberrant behaviors, and analgesic efficacy). The clinical information submitted for review indicates that the patient has had consistent 8/10 pain rating since 12/2012 which would indicate lack of efficacy of the current medication regimen. Additionally, there is no documentation of functional benefit being obtained through the continued use of the requested medication. As such, the medical necessity of 1 prescription of Kadian 20 mg #60 has not been established.

**1 prescription of Hydrocodone/Acetaminophen 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines require certain criteria for ongoing monitoring of opioid use. The criteria include documentation of the 4 A's (adverse effects, activities of daily living, aberrant behaviors, and analgesic efficacy). The clinical information submitted for review indicates that the patient has had consistent 8/10 pain rating since 12/2012 which would indicate the lack of efficacy of the current medication regimen. Additionally, there is no documentation of functional benefit being obtained through the continued use of the requested medication. As such, the medical necessity of 1 prescription of hydrocodone/acetaminophen 10/325 mg #30 has not been established.