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| <b>Case Number:</b>   | CM13-0029488 |                              |            |
| <b>Date Assigned:</b> | 11/01/2013   | <b>Date of Injury:</b>       | 05/17/2006 |
| <b>Decision Date:</b> | 04/03/2014   | <b>UR Denial Date:</b>       | 09/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2013 |

### 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 Internal 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:

This is a 52 year old female status post injury 5/17/06. The patient most recently (9/9/13) presented with neck pain rated 8/10 with radiation of pain, numbness and tingling in her bilateral upper extremities to the fingers, low back pain 8/10 in severity with radiation of pain, numbness and tingling in her bilateral lower extremities to the toes, muscle spasms, and decreased activities of daily living. On Physical examination she had an antalgic gait with abnormal toe and heel walk secondary to pain, tenderness to palpation to the paracervical and paralumbar musculature, decreased cervical spine and lumbar spine range of motion in all planes, decreased sensation to pinprick in the right L3-S1 dermatomes, right wrist extensors, wrist flexors and interossei power 5-/5, right quadriceps, hamstrings, tibialis anterior, extensor hallucislongus power 4/5, hyporeflexic bilateral biceps, brachioradialis, triceps, patellar and achilles reflexes, positive straight leg test, and positive slump test, Lasegue's, Spurling's bilaterally. Diagnoses include right shoulder contusion, subacromial bursitis, and impingement, decreased range of motion right shoulder with adhesive capsulitis, bilateral trochanteric bursitis, multiple level lumbar herniated nucleus pulposus with multiple level facet arthropathy, multilevel bilateral canal stenosis and multilevel bilateral neural foraminal narrowing of the lumbar spine. Treatment has included acupuncture, chiropractic, epidural steroid injections, carpal tunnel surgery, and medication including Norco 10/325 which helps decrease her pain. The disputed issue is HYDROCODONE/APAP 10/325MG. Within the medical information available for review the patient has been taking Norco since at least since 1/15/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: HYDROCODONE/APAP 10/325MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): s 78-82.

**Decision rationale:** Opioids for neuropathic pain are not recommended as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; and (3) treatment of neuropathic cancer pain. Response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies (8-70 days) demonstrating efficacy. The results of short-term trials were mixed with respect to analgesia (less than 24 hours of treatment). Intermediate trials (average treatment duration of 28 days) showed statistical significance for reducing neuropathic pain by 20% to 30% (and 30% may be the threshold for describing a meaningful reduction of pain). Furthermore the records submitted for review indicated that the employee had been taking Hydrocodone ( 10/325 ) at least since 1/15/2013 and by the description of the records it did not fulfill the 4A's of the cornerstones for the use of the opioids which include analgesia, activities of the daily living, adverse side effects and aberrant drug taking behaviors. The records did not indicate that the employee had relief with the medication taken, both in terms of symptom relief or in terms of the improvement of the physical activity, and furthermore there is no documentation about the drug intake behavior.