

<b>Case Number:</b>	CM13-0031078		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/28/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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:

The patient is a 35-year-old male who reported an injury on 05/28/2012. The mechanism of injury was noted to be lifting a box that may have weighed between 20 pounds to 25 pounds overhead to place on a top shelf, and he felt an electrical shocking sensation on the left side of his lower back. The patient's diagnoses include lumbar strain, lumbar disc displacement at L4-5, degenerative disc disease of the lumbar spine at L4-5 and L5-S1, and grade I retrolisthesis of L5 over S1. The patient's medications included hydrocodone/acetaminophen 5/500 mg twice a day. His symptoms include low back pain and neck pain, rated at a 7/10 to 8/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen 7.5-325 tab:** 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 Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that the criteria for ongoing management of patients taking opioid medications needs to include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A

pain assessment should include documentation of the patient's current pain, the least reported pain over the period since the last assessment, his average pain, and intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Additionally, the guidelines require specific documentation regarding the 4 A's for ongoing monitoring. These 4 domains include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation provided for review failed to include this detailed documentation required by the guidelines for ongoing use of opioid medications. With the absence of this documentation as specifically stated in the guidelines, the request is not supported. Therefore the request is non-certified.