

<b>Case Number:</b>	CM13-0036302		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 28 year old female who sustained an industrial injury on August 22, 2011. She complained of pain in her cervical spine, which radiates into the upper shoulder and both arms. She is now 2 years post injury. Treatment has included modified work, medication, physical therapy (PT) and a previous injection. Further epidural steroid injections (ESI) were denied by UR as there is no evidence of a neurocompressive lesion and no objective evidence of a radicular process. Per an Independent Medical Evaluation (IME) report dated March 13, 2012. The patient has had a few weeks of PT, which provided pain relief. She also had an injection, which also alleviated the pain temporarily. She was seen by a new provider, [REDACTED], on June 11, 2012 for an evaluation. She had a lumbar MRI on July 02, 2012 and followed up with [REDACTED] July 16, 2012. As per IME, the patient's occupation involves unloading boxes, placing ingredients into a machine, emptying and lifting vegetable boxes, cleaning and washing machines. The job requires constant walking, lifting, pushing and carrying. The patient has not worked since June 18, 2012. At issue is the request for Anexia (hydrocodone 7.5/325mg), #60, 1-2 tablets, by mouth, every 6 hours with a maximum of 5 per day which was denied for lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anexia (hydrocodone 7.5/325mg), #60, 1-2 tablets, by mouth, every 6 hours with a maximum of 5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 51, 75, 80, 84.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). Guidelines also state that on-going management of opioids should include prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. As well as monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. The use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). Continuing review of overall situation with regard to nonopioid means of pain control. Guidelines stipulate that a consultation with a multidisciplinary pain clinic should be considered if doses of opioids are required beyond what is usually required for the condition or if the pain does not improve on opioids in 3 months. A psych consult should be considered if there is evidence of depression, anxiety or irritability. Therefore the request for Anexia (hydrocodone 7.5/325mg), #60, 1-2 tablets, by mouth, every 6 hours with a maximum of 5 per day is not medically necessary or appropriate.