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| <b>Case Number:</b>   | CM13-0038921 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 07/10/2003 |
| <b>Decision Date:</b> | 02/18/2014   | <b>UR Denial Date:</b>       | 09/03/2013 |
| <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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 07/10/2003. The mechanism of injury was noted to be lifting. His diagnoses are noted to include status post L5-S1 posterior lumbar interbody fusion, status post hardware removal, disorder of the sacrum, low back pain, and sciatica, right hip tendinitis and status post L4-5 fusion with palpable hardware. His medications are noted to include Norco 10/325 every 6 hours to 8 hours as needed and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/apap 10/325 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for Use, On-going Management Page(s): 78, Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines state that, for the ongoing management of patients taking opioid medications, documentation needs to include details regarding the patient's pain relief, functional status, and the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). It was noted that the patient had been taking Norco

long-term, his diagnoses had not changed, and he had previously used other medications, although those medications were not specified. It also states that the Norco has been effective because it allows the patient to perform some activities of daily living. However, the clinical information provided does not include any documentation of possible aberrant drug-taking behaviors or adverse side effects. It is unknown whether the patient has had any issues with abuse or addiction. Additionally, a detailed pain assessment should include 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 pain relief, and how long pain relief lasts. With the absence of this documentation required by the guidelines, the request is not supported.