

<b>Case Number:</b>	CM13-0041184		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/04/2001
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 & Rehabilitation 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 62-year-old male who reported an injury on 10/04/2001. The mechanism of injury was noted to be lifting. The patient's diagnoses include pain in joint of the pelvis/thigh, lumbar disc displacement without myelopathy, lumbago, degeneration of a cervical disc, and long-term use of medications. The patient's medication list includes hydrocodone/APAP 10/325 mg 2 tabs daily, Protonix 20 mg 1 to 2 per day, glucosamine sulfate 500 mg 3 times a day, and a topical analgesic cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Hydrocodone/APAP 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for Use, On-going Management.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, the ongoing management of patients taking opioid medications should include documentation of pain relief, functional improvement, appropriate medication use, and

the "4 A's" for ongoing monitoring. The "4 A's" include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review indicates that the patient has been taking opioid medications long-term and reports decreased pain and increased function with the medication. He was noted to have a history of inconsistent urine drug screen results with positive cocaine use. However, an appeal letter dated 09/30/2013 indicates that the patient reported trying cocaine once but more recent urine drug screen tests have been consistent with his medications. It also states that a discussion was performed with the patient expressing understanding that he cannot use illicit substances as they have dangerous interactions with his prescription medications. It was noted that if the patient has another inconsistent urine drug screen, the opioid pain management would be stopped and he would have to utilize non-opioids for pain control. A plan was made for urine drug screens every 2 or 3 months. The patient's most recent urine drug screen, dated 08/08/2013 was noted to be consistent with his medication use. A 09/10/2013 DEA cures report was also consistent with the patient receiving the pain medication from an office. The California Medical Treatment Utilization Schedule (MTUS) Guidelines also indicate that there should be a detailed pain assessment at each followup visit which should include the patient's current pain, the least reported pain over the period since the last assessment, his average pain, the intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The patient's most recent office notes provided for review failed to include a pain rating or other details regarding the patient's pain assessment. In the absence of this information, the request is not supported by guidelines. As such, the request is non-certified.