

<b>Case Number:</b>	CM13-0042589		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/20/2001
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 59 year old male who was injured on 03/20/200. Mechanism of injury unknown. Prior treatment history has included completion of six sessions of acupuncture, without benefit, and 24 sessions of chiropractic care. Medications include Norco 10/325 mg three per day and gabapentin 300 mg. There is no urine analysis report submitted for review. PR-2 dated 06/12/2013 documented the patient to have complaints of neck and low back pain rated at 6/10 on the pain scale. He has completed four sessions of acupuncture which helps decrease pain. Acupuncture worksheet 06/19/2013 documented the patient with neck pain radiating down both arms and low back pain radiating down both legs. The patient states acupuncture helps to decrease pain. Objective findings on exam included there is palpable tenderness over the cervical spine and lumbar paraspinals. Acupuncture supplemental report dated 06/24/2013 documented the patient with complaints of neck pain radiating down both arms and low back pain radiating down both legs. He states that acupuncture helps to decrease the intensity of his pain, but the pain comes back with activities. Objective findings on exam included cervical and lumbar ROM decreased in all planes. Palpable tenderness over cervical and lumbar paraspinals. PR-2 dated 08/23/2013 documented the patient stating there is a decrease in right thigh pain since last visit. His pain level is 8/10 to 4/10 on pain scale therefore showing decrease. He also notes he is able to perform his daily activities with less pain. He is able to sit, stand, and walk longer after taking medications. He also states gabapentin 300 mg two times a day is helping decrease his right lower extremity symptoms as well as increase his ability to stand and walk longer. Present symptoms: He rates his neck and low back pain at 6-8/10 on the pain scale. His bilateral lower extremity has significant pain with right lower extremity symptoms in the knee, as well as lower extremity symptoms in the calf. He notes left upper extremity numbness and tingling to the triceps. He notes the left side low back equal to right side low back and low back significant

worse in the lower extremity symptoms. He states that his low back is lot worsening on neck. Objective findings on exam include the patient is alert. Incision over the cervical and lumbar spines is well healing with no signs of infection. Range of motion of cervical spine is decreased in all planes. The patient increased pain with extension of the lumbar spine. Decreased right C6 dermatome to pin prick and light touch. Sensation intact bilateral extremities. Normal reflex bilateral biceps, brachioradialis and triceps, and left Achilles hyporeflexic bilateral patellar and right Achilles negative Hoffman's. Negative clonus and negative straight leg raise bilaterally. Diagnoses: 1. Grade I anterolisthesis C7-T1. 2. HNP of cervical spine. 3. HNP of lumbar spine. 4. Bilateral S1 radiculopathy per EMG. 5. Anterior cervical decompression and fusion. 6. Lumbar fusion L4-5 and L5-S1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**HYDROCODONE/ APAP 10/325MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-91.

**Decision rationale:** The guidelines state short-acting opioids, such as hydrocodone, are seen as an effective method in controlling chronic pain, and are often used for intermittent or breakthrough pain. However, the guidelines note, opioid medications, such as hydrocodone may be efficacious for short-term use, but the efficacy of long-term use is limited. As per the guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish objective findings that support use of this medication has allowed for clinically significant increase in function and decreased pain. It is not evident that non-opioid options would not be more effective. Therefore, based on guidelines and a review of the documents the request for Hydrocodone is not medically necessary.