

<b>Case Number:</b>	CM13-0042951		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/11/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family 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 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 47 year old female with a date of injury on 6/14/11. At the time of the injury, she was running after a child who was trying to run out the door. She fell as she was trying to catch the student. She has been treated with physical therapy medications, epidural steroid injections, and eventually underwent bilateral L3-5 laminectomy on 1/10/13. A November 13, 2012 office note indicated pain levels of 10/10. Retrospective review was submitted for Hydrocodone/APAP from May through December 2012. Peer review was performed on 10/11/13 at which time recommendation was made to retrospectively non-certify the requests for Hydrocodone/APAP as there was no explicit documentation comparing the patient's pain on VAS with and without the use of this medication. In addition, there was no documented symptomatic or functional improvement from previous usage. An appeal has been submitted for the retrospective medications for a diagnosis of lumbosacral neuritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 325MG #60 DOS 05/02/12:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-83.

**Decision rationale:** The request for Hydrocodone/APAP 325 mg was not medically necessary. Page 70 of the California MTUS guidelines state that opioids may be continued if the patient has returned to work or if the patient has improved functioning and pain. In this case, there was no evidence of return to work or improvement in function. As noted in the MTUS, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This definition does not include pain relief. In this case, functional improvement was clearly not noted as the patient continued to complain of high pain levels and in fact went on to require surgical intervention. Furthermore, the California MTUS guidelines state that opioids are not efficacious for low back and neuropathic pain. For these reasons, this medication is retrospectively not medically necessary.

**RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 325MG #60 DOS 05/22/12:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-83.

**Decision rationale:** The request for Hydrocodone/APAP 325 mg was not medically necessary. Page 70 of the California MTUS guidelines state that opioids may be continued if the patient has returned to work or if the patient has improved functioning and pain. In this case, there was no evidence of return to work or improvement in function. As noted in the MTUS, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This definition does not include pain relief. In this case, functional improvement was clearly not noted as the patient continued to complain of high pain levels and in fact went on to require surgical intervention. Furthermore, the California MTUS guidelines state that opioids are not efficacious for low back and neuropathic pain. For these reasons, this medication is retrospectively not medically necessary.

**RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 325MG #60 DOS 06/19/12:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.  
Page(s): 74-83.

**Decision rationale:** The request for Hydrocodone/APAP 325 mg was not medically necessary. Page 70 of the California MTUS guidelines state that opioids may be continued if the patient has returned to work or if the patient has improved functioning and pain. In this case, there was no evidence of return to work or improvement in function. As noted in the MTUS, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This definition does not include pain relief. In this case, functional improvement was clearly not noted as the patient continued to complain of high pain levels and in fact went on to require surgical intervention. Furthermore, the California MTUS guidelines state that opioids are not efficacious for low back and neuropathic pain. For these reasons, this medication is retrospectively not medically necessary.

**RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 325MG #60 DOS 07/09/12:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.  
Page(s): 74-83.

**Decision rationale:** The request for Hydrocodone/APAP 325 mg was not medically necessary. Page 70 of the California MTUS guidelines state that opioids may be continued if the patient has returned to work or if the patient has improved functioning and pain. In this case, there was no evidence of return to work or improvement in function. As noted in the MTUS, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This definition does not include pain relief. In this case, functional improvement was clearly not noted as the patient continued to complain of high pain levels and in fact went on to require surgical intervention. Furthermore, the California MTUS guidelines state that opioids are not efficacious for low back and neuropathic pain. For these reasons, this medication is retrospectively not medically necessary.

**RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 325MG #60 DOS 08/02/12:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-83.

**Decision rationale:** The request for Hydrocodone/APAP 325 mg was not medically necessary. Page 70 of the California MTUS guidelines state that opioids may be continued if the patient has returned to work or if the patient has improved functioning and pain. In this case, there was no evidence of return to work or improvement in function. As noted in the MTUS, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This definition does not include pain relief. In this case, functional improvement was clearly not noted as the patient continued to complain of high pain levels and in fact went on to require surgical intervention. Furthermore, the California MTUS guidelines state that opioids are not efficacious for low back and neuropathic pain. For these reasons, this medication is retrospectively not medically necessary.

**RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 325 MG #60 DOS**  
**08/24/12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-83.

**Decision rationale:** The request for Hydrocodone/APAP 325 mg was not medically necessary. Page 70 of the California MTUS guidelines state that opioids may be continued if the patient has returned to work or if the patient has improved functioning and pain. In this case, there was no evidence of return to work or improvement in function. As noted in the MTUS, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This definition does not include pain relief. In this case, functional improvement was clearly not noted as the patient continued to complain of high pain levels and in fact went on to require surgical intervention. Furthermore, the California MTUS guidelines state that opioids are not efficacious for low back and neuropathic pain. For these reasons, this medication is retrospectively not medically necessary.

**RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 325 MG #60 DOS**  
**09/14/12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-83.

**Decision rationale:** The request for Hydrocodone/APAP 325 mg was not medically necessary. Page 70 of the California MTUS guidelines state that opioids may be continued if the patient has returned to work or if the patient has improved functioning and pain. In this case, there was no evidence of return to work or improvement in function. As noted in the MTUS, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This definition does not include pain relief. In this case, functional improvement was clearly not noted as the patient continued to complain of high pain levels and in fact went on to require surgical intervention. Furthermore, the California MTUS guidelines state that opioids are not efficacious for low back and neuropathic pain. For these reasons, this medication is retrospectively not medically necessary.

**RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 325MG #90 DOS 11/09/12:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-83.

**Decision rationale:** The request for Hydrocodone/APAP 325 mg was not medically necessary. Page 70 of the California MTUS guidelines state that opioids may be continued if the patient has returned to work or if the patient has improved functioning and pain. In this case, there was no evidence of return to work or improvement in function. As noted in the MTUS, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This definition does not include pain relief. In this case, functional improvement was clearly not noted as the patient continued to complain of high pain levels and in fact went on to require surgical intervention. Furthermore, the California MTUS guidelines state that opioids are not efficacious for low back and neuropathic pain. For these reasons, this medication is retrospectively not medically necessary.

**RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 325MG #90 DOS 12/11/12:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.  
Page(s): 74-83.

**Decision rationale:** The request for Hydrocodone/APAP 325 mg was not medically necessary. Page 70 of the California MTUS guidelines state that opioids may be continued if the patient has returned to work or if the patient has improved functioning and pain. In this case, there was no evidence of return to work or improvement in function. As noted in the MTUS, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This definition does not include pain relief. In this case, functional improvement was clearly not noted as the patient continued to complain of high pain levels and in fact went on to require surgical intervention. Furthermore, the California MTUS guidelines state that opioids are not efficacious for low back and neuropathic pain. For these reasons, this medication is retrospectively not medically necessary.