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| <b>Case Number:</b>   | CM13-0049554 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 09/27/2007 |
| <b>Decision Date:</b> | 05/22/2014   | <b>UR Denial Date:</b>       | 10/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/08/2013 |

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 34 year-old female who was injured on 9/27/2007. She has been diagnosed with lumbar disc degeneration and myalgia and myositis. According to the 9/27/13 pain management report from [REDACTED], the patient presents with lumbar, cervical, thoracic degenerative disc disease and diffuse regional myofascial pain, left knee derangement, bipolar disorder, chronic pain disorder with sleep and mood disorder. She was given specific exercise instructions and medications were refilled including Norco, gabapentin, Celebrex and omeprazole. On 10/4/13 UR recommended against use of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325MG #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes & Endpoints; Opioids, Criteria for Use Page(s): 8-9; 88-89..

**Decision rationale:** According to the 9/27/13 pain management report from [REDACTED], the patient presents with lumbar, cervical, thoracic degenerative disc disease and diffuse regional

myofascial pain, left knee derangement, bipolar disorder, chronic pain disorder with sleep and mood disorder. At issue is whether the prescription for hydrocodone is in accordance with MTUS guidelines. The records show the patient with history of 5150 hospital hold on 2 occasions due to risk of self-harm. [REDACTED] states the main medication used for pain is Norco, up to 5/day. The reporting from [REDACTED] including the 9/27/13, 6/21/13, and 2/21/13 reports do not discuss efficacy of Norco. For continued use of opioids, MTUS requires reporting of functional improvement, or some indication of a satisfactory response. MTUS states that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life MTUS guidelines also state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a documented satisfactory response. The continued use of Norco without reporting efficacy is not in accordance with MTUS guidelines. Therefore, the request cannot be found to be medically necessary.