

<b>Case Number:</b>	CM13-0063575		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/21/2004
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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, 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 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 76-year-old male with date of injury of 01/21/2004. The listed diagnoses per [REDACTED] dated 10/23/2013 are: (1) Facet-mediated lumbar pain (2) Chronic low back pain/facet OA (3) Diabetes mellitus (4) NSAIDs-induced gastritis. According to progress report dated 10/23/2013 by [REDACTED], the patient complains of low back pain. He rates his pain an 8/10 on the pain scale. He notes some increased symptoms in his lower back. He also complains of bilateral lower extremity numbness, tingling, and pain to the feet. He currently takes Oxycodone 20 mg, Norco 10/325 mg, Prilosec 20 mg, Senna-S, and Terocin cream. He states that medication use helps reduce symptoms and he denies any side effects. Objective findings show the patient is alert and oriented in no acute distress. Gait is antalgic with use of cane, positive tenderness to palpation of the lumbar paraspinals as well as over the facet joints. Range of motion of the lumbar spine is decreased in all planes with increased pain upon extension. Motor exam is 5-/5 for bilateral quad, 4+/5 for right TA, EHL, EV, IN. Treater is requesting a refill for hydrocodone 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids in musculoskeletal pain Page(s): 60-61; 88-89.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting a refill for hydrocodone. For chronic opiate use, MTUS Guidelines page 88, 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4As (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of reports from 11/21/2012 to 11/20/2013 showed that the patient has been prescribed hydrocodone since 11/21/2012. Progress report dated 07/22/2013 by [REDACTED] mentions medication efficacy stating, "The patient's pain level is about the same since last visit and we have been unable to taper his medications. I have encouraged the patient to use the lowest effective dose of his medications and taper as tolerated." There is no documentation of pain assessment, numerical scale representing before and after functional level, no evaluation of the patient's quality of life, changes due to medication use. MTUS further requires under outcome measures "documentation including: Current pain, average pain, least pain, duration of relief from medications, etc." In this case, none of these information or documentation was provided. The treater has also encouraged the patient to slowly decrease medication use. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, recommendation is for denial.