

<b>Case Number:</b>	CM13-0066887		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	10/16/2006
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 38-year-old male who reported an injury on 10/16/2006, secondary to lifting boxes. The clinical note dated 04/08/2014 reported the injured worker complained of neck pain radiating to his bilateral upper extremities, low back pain radiating to his bilateral lower extremities, and ongoing headaches. The injured worker's pain was rated 9/10 with medication, 10/10 without medication, and the injured worker's pain was reported as unchanged since his last visit. The injured worker reported limitations in his activities of daily living to include self-care and hygiene, activity, ambulation, hand function, and sleep. The injured worker also reportedly stated his quality of life has been improved as a result of his medications and his wished to continue therapy based on his improved quality of life. The physical exam of the lumbar spine revealed spasms and tenderness upon palpation in the spinal vertebral area, L4-S1 levels, and the range of motion of the lumbar spine was moderately limited secondary to pain. The pain was significantly increased with flexion and extension, and motor exam shows decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. The diagnoses included lumbar post laminectomy syndrome, lumbar radiculopathy, status post fusion of the lumbar spine, and chronic pain. The injured worker's medication regimen included Tramadol, vitamin D, pantoprazole, Zolpidem, and hydrocodone. The clinical note also stated the injured worker had developed opiate tolerance due to long-term opiate use; and prescriptions had been provided to the injured worker to reflect a slow weaning of opioids. The Request for Authorization was not submitted.

### 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 Chronic Pain Medical Treatment Guidelines, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for hydrocodone/APAP 10/325 mg #150 is not medically necessary. The injured worker has a history of chronic low back pain radiating to his lower extremities and chronic neck pain radiating to his upper extremities, treated with medications and surgery. The California MTUS Guidelines state on-going review of injured workers utilizing opioids for pain recommend documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state pain assessments should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also state documentation of side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors should be included. Based on the documentation provided for review, the injured worker has a narcotic contract with the physician's office and urine drug screens have been appropriate. The injured worker reportedly stated the medication has reduced the pain from 10/10 to 9/10; although there is no documentation showing evidence of a significant decrease in pain over the course of treatment. The clinical notes show the injured worker has been taking Norco on a long-term basis, and his quality of life has been greatly improved; however, there is a lack of documentation indicating the injured worker has had significant quantifiable objective functional improvement with this medication. In addition, the request as submitted failed to note the frequency of the requested medication. Therefore, the request for hydrocodone/APAP 10/325 #150 is non-medically necessary.