

<b>Case Number:</b>	CM14-0008521		
<b>Date Assigned:</b>	02/19/2014	<b>Date of Injury:</b>	05/17/1995
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 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 62-year-old female who has submitted a claim for myofascial pain syndrome, cervicgia status post cervical laminectomy associated with an industrial injury date of May 17, 1995. The medical records from 2013-2014 were reviewed. The patient complained of chronic neck and shoulder pain. The pain was characterized as dull, constant, and sometimes stabbing. She has occasional anterior neck discomfort. The pain severity was graded 7.5/10. She was having trouble sleeping because of more frequent and severe headaches due to neck pain. Physical examination of the neck and shoulder was not available on the submitted medical records. Imaging studies were not made available as well. The treatment to date has included medications, physical therapy, home exercise program, and activity modification. A utilization review, dated December 9, 2013, denied the request for Hydroco/APAP tab 10-325mg #90 with 2 refills because guidelines do not recommend long-term opioids for low back pain. There was also no documentation or rationale that the requested medication was required for treatment of the injury on May 17, 1995.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCO/APAP TAB 10-325MG #90 WITH 2 REFILLS:** Overturned

**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  
Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, hydrocodone/APAP was prescribed since November 2011. Most recent medical records showed that there was continued analgesia with 50-60% pain relief lasting five to six hours. There was also evidence of functional benefit by improved activities of daily living. There was no documentation of any adverse effects from the medication. The last urine drug screen done on September 18, 2013 was consistent with the prescribed medications. The guideline criteria have been met. Therefore, the request for HydrocO/APAP TAB 10-325 MG #90 with 2 refills is medically necessary.