

<b>Case Number:</b>	CM14-0108704		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/18/1991
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 77 year old male with complaints of neck pain and low back pain. The date of injury is 1/5/90 and the mechanism of injury is not elicited. At the time of request for hydrocodone 10/325#100 - allow for refill wean to discontinue 2-3 months (10-20%/week), there is subjective (low back pain, neck pain) and objective (limited range of motion lumbar spine, muscle stiffness "throughout") findings, imaging findings (no reports submitted), diagnoses (lumbar disc disease, spinal stenosis, cervical disc herniation) and treatment to date (medications, stretching, exercises). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacological treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 MG #100 -allow for Refill Wean to Discontinue 2-3 months (10-20%/week): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-84.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacological treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information (although there is a drug test report however no interpretation by the requesting physician is documented) nor is there an explanation or plan documented in the records supplied explaining the request for "weaning", the request for hydrocodone 10/325 #100 is not medically necessary.