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| <b>Case Number:</b>   | CM14-0013279 |                              |            |
| <b>Date Assigned:</b> | 02/26/2014   | <b>Date of Injury:</b>       | 05/01/2001 |
| <b>Decision Date:</b> | 06/26/2014   | <b>UR Denial Date:</b>       | 01/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2014 |

### 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 Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 39 year old male injured on 5/1/01 as a result of carrying heavy watermelons; this resulted in pain in the bilateral shoulders, thoracic spine, and bilateral low back. The injured worker had three failed spinal surgeries between 2001 and 2008 at L5-S1, including fusion with hardware. Conservative treatment included psychotherapy, a home exercise program, physical therapy, assistive devices, activity modification, epidural steroid injections, and medication management. A clinical note dated 1/14/14 indicated that the injured worker presented for worsening depression, anxiety, chronic pain syndrome, and panic attacks. The injured worker reported bilateral shoulder, thoracic spine, and bilateral low back pain. The injured worker reported average pain level of 7/10 and stated pain was lessened by medication and changing positions. Documentation indicates the injured worker was scheduled for right transforaminal epidural steroid injection on 1/15/14. Medications included Oxycontin 60mg, Norco 10/325mg, Lunesta 1mg, valium 5mg, and Alprazolam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325 MG, #240.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OPIOIDS FOR CHRONIC PAIN, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the injured worker continues to report significantly elevated pain scores with the use of medications indicating a lack of efficacy. Moreover, the current total daily MED for the injured worker equals 345mg per day exceeding the recommended 120mg per day. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request is not medically necessary.