

<b>Case Number:</b>	CM14-0016053		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 07/05/2011. The mechanism of injury was a fall. Her current diagnoses include fractured foot, peripheral neuropathy nonspecified, and reflex sympathetic dystrophy. The previous treatments include medications. Per the clinical note dated 11/27/2013, the injured worker returned for a followup visit and medication management. She reported she had fallen a number of times and aggravated her left lower extremity and she wanted to talk about a stabilizing device. The injured worker reported that her pain level was an 8/10 without medications and a 6/10 with medications. The physician reported that the injured worker walked with an antalgic gait and pain and had difficulty with transfers from sitting to standing. On the sensory examination of the left foot, the physician reported she had pain with palpation. The physician reported the patient had signed an opioid agreement and risk tools had been applied, urine toxicology screens have been appropriate, and there had been no red flags for possible medication misuse or aberrant behavior. The physician's treatment plan included prescriptions for hydrocodone/acetaminophen 10/325 mg take 1 tablet by mouth 4 times a day #120 with 1 refill and morphine 15 mg tablet extended release take 1 tablet by mouth 3 times a day #90. The rationale was not provided for the request. The Request for Authorization Form was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE-ACETAMINOPHEN 10-325 MG TAKE 1 TABLET BY MOUTH 4 TIMES DAILY #120 WITH 1 REFILL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** The current request for hydrocodone/acetaminophen 10/325 mg take 1 tablet by mouth 4 times daily #120 with 1 refill is non-certified. According to the California MTUS Guidelines, the ongoing management of patient's taking opioid medications should include routine office visits and detailed documentation of pain relief, functional status in regards to activities of daily living, appropriate medication use and/or aberrant drug taking behaviors, and adverse side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioids, and how long it takes for pain relief, and how long pain relief lasts. The documentation submitted for review indicated that the injured worker's pain rating was an 8/10 without medications and a 5/10 with medications. The clinical documentation provided failed to include a current pain assessment including current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the medications, how long it takes for pain relief, and how long the pain relief lasts. Therefore, despite evidence of decreased pain and increased function with the use of opioids, in the absence of a current pain assessment, the criteria for ongoing use of opioid medication has not been met. As such, the request hydrocodone/acetaminophen 10/325 mg take 1 tablet by mouth 4 times daily #120 with 1 refill is non-certified.

**MORPHINE 15 MG EXTENDED RELEASE TABLET TAKE 1 TABLET BY MOUTH 3 TIMES DAILY #90, WITH 1 REFILL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** The request morphine 15 mg extended release tablet take 1 tablet by mouth 3 times daily #90, with 1 refill is non-certified. According to the California MTUS Guidelines, the ongoing management of patient's taking opioid medications should include routine office visits and detailed documentation of pain relief, functional status in regards to activities of daily living, appropriate medication use and/or aberrant drug taking behaviors and adverse side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioids, and how long it takes for pain relief, and how long pain relief lasts. The documentation submitted for review indicated that the injured worker's pain rating was an 8/10 without medications and a 5/10 with medications. The clinical documentation provided failed to include a pain assessment including current pain, the

least reported pain over the period since last assessment, average pain, intensity of pain after taking the medications, how long it takes for pain relief, and how long the pain relief lasts. Therefore, despite evidence of decreased pain and increased function with the use of opioids, in the absence of a current pain assessment, the criteria for ongoing use of opioid medication has not been met. As such, the request for morphine 15 mg extended release tablet take 1 tablet by mouth 3 times daily #90, with 1 refill is non-certified.