

<b>Case Number:</b>	CM14-0115370		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/20/2004
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Pain Medicine, 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 injured worker is a 54-year-old-female, who sustained industrial injury on 04/20/2004, due to lifting boxes. She has been complaining of low back pain. On MRI examination, it showed a 4-5 mm disc protrusion at L5-S1. She was treated with epidural steroid injection, which provided minimal benefit. The majority of current pain is present in her left buttock, left inguinal region, and left thigh. She experiences pain at the lumbosacral junction. The lumbar spine is tender to palpation. MRI scan of the lumbar spine indicates multilevel intervertebral disc disease, most pronounced at L4-L5 and L5-S1. Radiographs of the left hip identify moderate to severe degenerative arthritis with narrowing of the joint space. Atrophy is present in the right calf. On 07/07/2014 x-ray of the pelvis showed interval progression of left osteoarthritis. Current medications are Hydrocodone, Hydrochlorothiazide, Lisinopril, Simvastatin and Trazodone. Diagnoses include pain in pelvis and left hip, lumbosacral spondylolisthesis and spondylosis. She finds good relief with Vicodin. Prescription was given for Capsaicin, Gabapentin and Hydrocodone. Utilization review determination for Hydrocodone/Bit/Apap 5/325mg #30 was not approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Bit/Apap 5/325mg #30:** 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): 51, 74.

**Decision rationale:** Hydrocodone is indicated for moderate to severe pain. It is classified as short-acting opioids, often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. Furthermore, the records do not show that the injured worker has returned to work. There is no evidence of plan for return to work. The medical documents do not support continuation of opioid pain management. Therefore, this request is not medically necessary.