

<b>Case Number:</b>	CM14-0133116		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Management 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 43-year-old male, who reported an injury on 07/01/2011. The mechanism of injury is not noted in this review. His diagnosis was noted to be cervical/trapezial musculoligamentous sprain/strain; status post right hand contusion with resultant laceration of the distal phalanx of the right 5th finger and right 3rd finger; thoracic spine musculoligamentous sprain/strain; lumbar spine musculoligamentous sprain/strain with attendant left lower extremity radiculitis and MRI scan dated 05/08/2012 revealing endplate degenerative changes and facet Final Determination Letter for IMR Case Number CM14-0133116 3arthropathy at L4-5 with a 3 mm left foraminal disc protrusion with abutment of the existing left L4 nerve root. Prior treatment was noted to be physical therapy, cervical traction, NSAIDs, and home exercise. Diagnostic studies were noted to be MRI and EMG/NCV. A clinical evaluation on 06/18/2014 notes the injured worker with subjective complaints of headaches, dizziness, and sleep difficulty. Physical examination reveals tenderness to palpation of the cervical paraspinal muscles bilaterally with slight palpable spasm bilaterally. There was diminished sensation to pin and light touch in the region of the laceration scars at the right hand. Otherwise, pin and light touch were normal over both upper and lower extremities. The treatment is for hydrocodone for headache relief. The rationale for the request was noted within the treatment plan of the evaluation. A Request for Authorization form was not provided within the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 2.5-3.25mg every 6 hours as needed for headache #60 x 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines provides 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug seeking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. However, the provider's review fails to indicate adequate pain assessment. 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 opiate; how long it takes for pain relief; and, how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. As such, the request for Hydrocodone/APAP 2.5-3.25mg every 6 hours as needed for headache quantity 60 x 2 is not medically necessary.