

<b>Case Number:</b>	CM14-0159725		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/11/1998
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational 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:

This is a 64-year-old female with a 6/11/98 date of injury. The mechanism of injury occurred when she was hit by a pallet a co-worker was pushing. According to a progress report dated 8/14/14, the patient complained of mid-thoracic pain along the incision site. She complained of intermittent leg spasms. Objective findings: restricted motion with guarding, muscle spasm present, tenderness in mid-thoracic region. Diagnostic impression: s/p thoracic hardware removal 4/18/13; T6,T7, and T8 compression fractures; s/p T7 to T10 posterior thoracic fusion on 7/15/09; s/p T8/T10 posterior thoracic fusion. Treatment to date: medication management, activity modification, surgeries. A UR decision dated 9/9/14 modified the request for hydrocodone/APAP 10/325mg to certify 50 tablets for weaning purposes. It does not appear that psychosocial barriers to functional restoration have been explored in this patient. There is no documentation that reconciles the inconsistent urine drug screen from 5/5/14 or current urine drug screen results that document compliance with prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #50 x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, urine drug screen reports dated 2/11/14, 5/7/14, and 8/20/14 were inconsistent and negative for Hydrocodone use. There is no documentation that the provider has addressed this issue with the patient. Furthermore, however, given the 1998 date of injury, over 15 years ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Hydrocodone/APAP 10/325mg #50 x 2 was not medically necessary.