

<b>Case Number:</b>	CM14-0178538		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	11/30/2003
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 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 60 year old female who reported an injury on 11/30/2013. The mechanism of injury was not specified. Her diagnoses were noted to include lumbar post-laminectomy syndrome and degeneration of the lumbosacral intervertebral disc. Past treatment was noted to include medications and physical therapy. On 07/08/2014, the injured worker had complaints of pain to her low back which radiated to her right lower extremity. She noted her pain improved from 7-8/10 to 3/10 with the use of medication. Upon physical examination, it was noted the injured worker had tenderness over the midline of her lumbar spine. Her relevant medications were noted to include Norco 10/325mg two tablets twice per day. The treatment plan was noted to include hydrocodone 10mg-acetaminaphen 325mg every 3-4 hours. A request was received for Hydrocodone/Acetaminophen 10/325mg QTY: 1.00; however the physician's rationale for the request was not provided. A Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

**Decision rationale:** The request for Hydrocodone/Acetaminophen 10/325mg QTY: 1.00 is not medically necessary. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, 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. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. It was noted the injured worker had pain relief due to the medication; however, the clinical documentation did not provide information regarding significant improvement in her activities of daily living. There was a lack of documentation indicating the injured worker was assessed for adverse side effects and aberrant drug-taking behaviors by way of a urine drug screen. In the absence of objective documentation detailing her ability to perform her ADLs, any adverse side effects, and a urine drug screen, the request is not supported by the guidelines. Additionally, duration and frequency of use of the medication was not specified in the request. Also, clarification is needed as the quantity requested is 1. As such, the request is not medically necessary.

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**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

**Decision rationale:** The request for Hydrocodone/Acetaminophen 10/325mg QTY: 1.00 is not medically necessary. According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug-taking behaviors. It was noted the injured worker had pain relief due to the medication; however, the clinical documentation did not provide information regarding her activities of daily living, adverse side effects, nor aberrant drug-taking behaviors by way of a urine drug screen. In the absence of objective documentation detailing her ability to perform her ADLs, any adverse side effects, and a urine drug screen, the request is not supported by the guidelines. Additionally, duration and frequency of use of the medication was not specified in the request. Also, clarification is needed as the quantity requested is 1. As such, the request is not medically necessary.

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