

<b>Case Number:</b>	CM14-0021803		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52-year-old male with date of injury of 05/29/2012. Per treating physician's report 01/23/2014, the patient presents with neck and low back pain at an intensity of 3/10 and 7/10 for neck pain. The patient complains of "my whole body aches" at times and pain can be incapacitating. Epidural steroid injection from 09/06/2013 helped arm pain for 4 days, currently taking Norco as needed (p.r.n.) but not every day, Voltaren p.r.n. but not every day, and Prilosec. Norco and Voltaren helps decrease his pain by approximately 50% temporarily and allows him to increase his walking distance by about 10 to 15 minutes. Diagnostic lists include 1. Status post cervical spine surgery. 2. Right C5 to C7 radiculopathy. 3. Herniated nucleus pulposus (HNP) of the cervical spine. 4. Bilateral shoulder rotator cuff tears. 5. Bilateral facet arthropathy. 6. Bilateral knee arthralgia. 7. Multilevel bilateral cervical neuroforaminal narrowing, moderate to severe in nature. 8. Cervical canal stenosis. 9. Multilevel cervical degenerative disk disease with facet arthropathies multilevel. Under treatment plan, the request is for updated computed tomography (CT) scan of the cervical spine (C-spine) as the prior C-spine CT scan from 2012 did not show osseous fusion, continue to recommend 8 sessions of chiropractic care, and the patient was prescribed Norco 10/325 #90 to be taken as needed basis along with the Voltaren, Prilosec. Progress report from 12/17/2013 notes that the patient has 8/10 headaches, coming from his neck. Elavil helps and reduces the pain down to 5/10 with overall headaches decreased. The listed diagnoses are hypertension, headaches, and diplopia. The treater's report 10/07/2013 states the medications helped decrease his pain by 50% temporarily and allow him to increase his activity level, some dry mouth and sleepiness with medication use. No other statements regarding the patient's medications. An 08/23/2013 report by [REDACTED], the patient has pain in the shoulders at 9/10, present all the time, right greater than left, radiates down to the arms with

the impression of bilateral rotator cuff tears and rotator cuff tear arthropathy. There are no discussions regarding use of medication on this report. The 08/01/2013 report is also reviewed. The patient has neck pain, low back pain, and right shoulder pain at 7/10 to 9/10. Without the medications, the pain level increased. "He states that these medications are helping to significantly decrease pain and normalize his function".

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**HYDROCODONE/APAP 10/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** This patient presents with chronic neck and bilateral shoulder pains, bilateral knee pains. The treating physician has been prescribing hydrocodone 10/325 for quite some time now with the earliest reports in this file available from 08/02/2013. Review of a number of different progress reports show that the patient is experiencing reduction of pain by 50%, with statements of improvement. On one of the notes, patient's activities of daily living or function are documented with increasing medications and allowing the patient to increase walking by 10 to 15 minutes. No other discussions are provided regarding the use of the Norco. There are no discussions regarding aberrant drug seeking behavior such as CURES report or drug screens. MTUS Guidelines page 78 require detailed documentations when opiates are used for chronic pain. "Pain assessment" including current pain, least amount of pain, average pain, and duration of the pain relief with use of the medications are required. Documentation of four A's including analgesia, ADLs, adverse effects, adverse drug seeking behavior must be documented. In this case, the patient reports pain reduction by 50% but no documentation of significant changes in activities of daily living. Increasing walking time by 10 to 15 minutes does not appear significant. Furthermore, no discussion is provided regarding potential aberrant behavior. No drug screens are obtained. Given the lack of these documentations, recommendation is not for medical necessity.