

<b>Case Number:</b>	CM14-0027030		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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:

The patient is a 44 year old female with an injury date of 09/15/08. Based on the 01/23/14 progress report provided by [REDACTED], the patient complains of low back pain. The pain radiates down the bilateral lower extremities to the feet. She also has upper extremity pain in the right elbow and bilaterally in the wrists. Tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. She is currently taking Pantoprazole, Senna/docusate, Vitamin D, Lidoderm 5% patch, Hydrocodone Bit/APAP, Ibuprofen, Tramadol Er, and Orphenadrine Citrate Er. [REDACTED] is requesting for Hydrocodone 10/325 mg (no QTY).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 10/325MG. NO QTY.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 and 88-89.

**Decision rationale:** For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every

six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.