

<b>Case Number:</b>	CM14-0029478		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	04/17/2006
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 and 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 47-year-old male with a date of injury of 04/17/2006. The listed diagnoses by [REDACTED] are Multilevel HNP of the cervical spine with moderate to severe stenosis, Myelopathy, HNP of the lumbar spine with stenosis, Cervical and lumbar radiculopathy and chronic pain syndrome. According to report dated 09/19/2013 by [REDACTED], the patient presents with ongoing neck, mid, and low back pain which he rates as 6/10 to 7/10 on pain scale. He presents today for a routine follow-up and for refill of his prescription. His current medications include Norco up to 5 times a day, tramadol ER 150 mg 1 a day, and Prilosec once a day. He states the medications help decrease his pain and allow him to function. He denies any side effects. Examination revealed range of motion of the cervical spine, thoracic spine, and lumbar spine decreased in all planes. She has decreased sensation to the right C5-C6, and C6 dermatomes, decreased sensation to the left L3, L4, L5, and S1 dermatomes were noted. The treatment plan includes continuation of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325 #225:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, and Opioids Page(s): 60-61, 80-89.

**Decision rationale:** This patient presents with ongoing neck, mid, and low back pain. The provider is requesting refill of Hydrocodone 10/325 #225. For chronic opiates use, California MTUS guidelines require specific documentations regarding pain and function. Page 78 of MTUS requires a "Pain Assessment" that should include, "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." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical file, indicates the patient has been taking Hydrocodone since at least 05/16/2013. The provider discusses in his progress reports that medications "help decrease pain and allow him to function." However, there are no discussions on any specific functional improvement from taking Hydrocodone. The provider also lacks to provide "pain assessment" as required by MTUS. Given the lack of sufficient documentation warranting long term opiate use, the patient should slowly be weaned off of Hydrocodone as outlined in California MTUS Guidelines. Recommendation is for denial.