

<b>Case Number:</b>	CM14-0033929		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

The injured worker is a 57-year-old with date of injury August 16, 2001 with related neck, thoracic, and lower back pain. According to the december 10, 2013 progress report, her bilateral lower neck pain radiated into the right shoulder and right upper extremity. Per physical exam, cervical and lumbar ranges of motion were restricted by pain in all directions. Cervical discogenic and lumbar provocative maneuvers were positive. There were cervical muscle spasms upon physical examination. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffmann's signs were absent bilaterally. Muscle strength was 5/5 in all limbs. Imaging studies were not available in the documentation submitted for review. It is not specified in the documentation whether physical therapy was utilized. She has been treated with chiropractic care, and medication management. The date of UR decision was February 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 10/325MG, 180 COUNT WITH TWO REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The Chronic Pain Medical Treatment Guidelines considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS [urine drug screen], opiate agreement) are necessary to assure safe usage and establish medical necessity, and were available in the documentation. Serial UDS reports were available in the documentation and the latest from November of 2013 was consistent with prescribed medications. However, there is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. The request for Hydrocodone 10/325mg, 180 count with two refills is not medically necessary or appropriate.