

<b>Case Number:</b>	CM14-0045408		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/13/2004
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 72-year-old female who has submitted a claim for lumbar herniated nucleus pulposus, left hip arthrosis, lumbar disc protrusion, lumbar radiculopathy, left knee pain, and status post lumbar hardware fusion and subsequent removal associated with an industrial injury date of 4/13/2004. Medical records from 2007 to 2013 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, right worse than left. Physical examination of the lumbar spine showed tenderness, muscle guarding, and significant restriction in motion. Urine drug screen from 9/5/2013 showed positive levels for Hydrocodone. Treatment to date has included transforaminal cannulation of lumbar epidural space in 2007, lumbar fusion and subsequent removal in 2009, acupuncture, physical therapy, and medications such as Tizanidine, Hydrocodone, Omeprazole, and topical creams (since February 2013). Utilization review from 3/10/2014 modified the request for Hydrocodone tab 10/325 mg days 30 #120 into #60 for the purpose of weaning because there was no documentation concerning functional improvement, pain relief, adverse effects, or aberrant drug behaviors from medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone tab 10/325 mg days 30 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Page(s): 51, 74-75.

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. In this case, patient has been on Hydrocodone since February 2013. Urine drug screen from 9/5/2013 showed positive levels for Hydrocodone. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Moreover, the current clinical and functional status of the patient is unknown since the most recent progress report available was from 08/26/2013. Therefore, the request for Hydrocodone tab 10/325 mg days 30 #120 is not medically necessary.