

<b>Case Number:</b>	CM14-0047536		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/17/2006
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Rehabilitation & Pain Management 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 per [REDACTED] are: 1. Multilevel HNP of cervical spine with moderate to severe stenosis. 2. Myelopathy. 3. HNP of the lumbar spine with stenosis. 4. Cervical and lumbar radiculopathy. 5. Chronic pain syndrome. According to progress report 02/20/2014, the patient presents with ongoing neck, mid, and low back pain which he rates as 5-7/10 on a pain scale. He states he has an increase in pain since last visit as he fell down in the shower about 10 days ago when his legs "gave out." His current medication includes Norco up to 5 a day and Prilosec 1 to 2 a day. He states the medications help decrease his pain and allow him to function. He denies side effects to medication. Examination revealed decreased sensation to the right C5, C6 dermatomes with decreased sensation to the left L3 to S1 dermatomes. Treating physician is requesting a refill of hydrocodone/APAP 10/325 mg #120. Utilization review denied the request on 03/31/2014. Treatment reports from 09/19/2013 through 02/20/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 mg # 210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 76, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPIOIDS Page.

**Decision rationale:** This patient presents with ongoing neck, mid, and low back pain. The treating physician is requesting refill of hydrocodone/APAP 10/325 mg #120. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 09/09/2013. The treating physician, in his monthly progress reports, provides a pain scale to denote patient's current pain level. He also states that, "Medications help decrease pain and allow him to function. He denies side effects to medication." Other than these generic statements, there is no discussion of increase in functional improvement, or specific changes in ADLs as required by MTUS for long-term opiate use. Furthermore, the treating physician does not provide random urine drug screens to monitor medication compliance. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.