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| <b>Case Number:</b>   | CM14-0065090 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 10/05/2011 |
| <b>Decision Date:</b> | 08/13/2014   | <b>UR Denial Date:</b>       | 04/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/08/2014 |

### 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 Internal 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 33-year-old male who reported an injury on 10/05/2011 from an unknown mechanism of injury. On 12/11/2013, he presented for a follow-up appointment regarding his mid back pain, which he rated at 7/10. The thoracic musculature was tender to palpation with positive facet loading challenge of the bilateral T7-T8 and T8-T9 facets. There was decreased range of motion of the thoracolumbar spine particularly with extension. The sensation and motor exam was intact in the upper and lower extremities. On 02/04/2014, it was noted that he had had 8 sessions of acupuncture therapy, 6 sessions of chiropractic, and an epidural steroid injection to the bilateral T7-8 which had not helped to decrease his pain. A medial branch block in the bilateral T7-9 spine had been requested and was denied on 02/03/2014. On the 03/10/2014 examination, palpation of the thoracic spine revealed mid back pain from T9 through T12. The thoracic spine range of motion measured in degrees was flexion 30, extension 10, right rotation 25, and left rotation 25. There was decreased sensation in the right C6 dermatome to pinprick and light touch. His diagnoses included cervical musculoligamentous sprain/strain with residual radiculitis, thoracic musculoligamentous sprain/strain, thoracic degenerative disc disease with anterior wedging of T8, T9, and T10, and mild to moderate T7-8 and T9-10 canal stenosis. Treatment options and treatment plan discussion with the injured worker included physical therapy, chiropractic, multiple pain management techniques, and injections. The physician was recommending that the worker proceed with the authorized medial branch block to the bilateral T7-8 and T8-9 as a diagnostic step towards therapeutic rhizotomy. That branch block was performed on 04/10/2014. An MRI of the thoracic spine on 03/24/2014 revealed grade I chronic anterior wedge compression deformity of T8, T9, and T10; disc desiccation at T6-T7 down to T10-T11 with associated loss of disc height; T7-T8 focal central disc protrusion which caused stenosis of the spinal canal; and

T9-T10 broad-based right paracentral disc protrusion which caused stenosis of the spinal canal. On 03/12/2014, his medications included Norco 10/325 mg, Lunesta 2 mg, Terocin patches with no dosage noted, Ketoprofen 75 mg, and Prilosec 20 mg. A urine drug screen on 12/11/2013 was positive for hydrocodone, norhydrocodone and hydromorphone which was consistent with him having taken Norco. There was no request for authorization or rationale included in the documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone/APAP 10/325mg, #180 x2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78.

**Decision rationale:** The California MTUS Guidelines state that opioid drugs are considered the most powerful types of analgesics that may be used to manage chronic pain. Recommendations include a psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. Ongoing review of pain relief, functional status, appropriate medication use and side effects should be documented. Pain assessments should include current pain the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. There was no documentation in the submitted chart to attest to appropriate long-term monitoring, evaluations including psychosocial assessment, side effects, or quantified efficacy. Additionally, there is no frequency specified in the request. Therefore, this request for hydrocodone/APAP 10/325 mg, #180 x2 is non-certified.