

<b>Case Number:</b>	CM14-0079472		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/18/2001
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 and is licensed to practice in Texas and Oklahoma. 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 68 year old female who reported an injury on 10/28/2001; the mechanism of injury was not provided. Diagnoses included sprain, strain of the lumbar region and sciatica. Past treatment included a walker and wheelchair. Diagnostic studies were not provided. Past surgical history included left foot surgery on 03/31/2014 and shoulder surgery, date unknown. The clinical note dated 06/23/2014 indicated the injured worker complained of low back pain, increased due to a recent foot surgery with occasional pain to the lower extremities, and tightness in her neck and upper back. The injured worker rated the pain 7/10 with medications, indicating that the medications did help some with pain. Physical exam indicated the injured worker had an antalgic gait and used a walker. Medications included Lidocaine 5% ointment, Fentanyl 25 mcg/hr patch, Pantoprazole 20 mg, Hydrocodone/APAP 10/325 mg, Motrin 800 mg, Topamax 25 mg, Orphenadrine-Norflex ER 100 m, Lorazepam 1mg, Amlodipine, and Lidoderm patch. The treatment plan included Hydrocodone/APAP 10/325 mg #180; the rationale for the request was not provided. The request for authorization form was submitted on 06/27/2014.

### 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 #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The injured worker complained of low back pain, increased due to a recent foot surgery with occasional pain to the lower extremities, and tightness in her neck and upper back. The California MTUS guidelines state the criteria for on-going management of opioid use include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment 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. The guidelines also state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain in patients on opioids. These domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation submitted for review stated that the injured worker rated her pain 7/10 with medications, only indicating that the "medications help some with pain". However, there was no assessment regarding average pain, intensity of pain, or longevity of pain relief. Furthermore, there was a lack of documentation regarding consistent urine drug screens, and there was no mention of a lack of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore at this time, the request for Hydrocodone/APAP 10/325 mg #180 is found to be not medically necessary.