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| <b>Case Number:</b>   | CM14-0084710 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 09/04/2003 |
| <b>Decision Date:</b> | 08/28/2014   | <b>UR Denial Date:</b>       | 05/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/06/2014 |

### 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:

The patient is a 55-year-old female who has submitted a claim for lumbar spine herniated nucleus pulposus, sciatica, degenerative disc disease lumbosacral, radiculopathy spine/lumbar/leg, associated with an industrial injury date of September 4, 2003. Medical records from 2012 through 2014 were reviewed. The latest progress report, dated 04/21/2014, showed worsening and discomfort of low back, right hip, buttock, and right leg pain. Physical examination revealed positive straight leg raising test on the right at 70 degrees. There was weakness of the right anterior tibialis muscle. There was moderate spasm with slight limitation with range of motion particularly on horizontal torsion and lateral bending. Treatment to date has included medications only such as Hydrocodone since July 2012. Utilization review from 05/07/2014 denied the request for the purchase of Hydrocodone 5/325mg #60 with 1 refill because the patient did not appear to be a candidate for treatment with Vicodin at this time. A previous request for Vicodin was partially certified for the purpose of weaning due to long-term use of this medication with continued back pain, unchanged work status, and reports of worsening symptoms within the last year. There was no documented evidence of improved pain and function with use of Vicodin and 45 tablets were therefore certified for the purpose of tapering. Although the patient did report an increase in pain with discontinuation of Vicodin, her pain was increasing before non-certification of Vicodin and exam findings remain essentially unchanged. Given the patient's overall clinical condition and guideline recommendations against long-term use of opioids in the absence of clinically significant improvement in pain and function, this request was not medically necessary. Further weaning was not necessary due to the small amount of opioids prescribed and weaning performed thus far.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Hydrocodone 5/325mg # 60 with 1 refill.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the submitted medical records show that the earliest reported date of Hydrocodone use was July 2012. A previous utilization review denied the purchase of Hydrocodone; however, the most recent progress report stated that discontinuation of the patient's Hydrocodone has resulted in increased pain and decreased functional capability. A medical review of the progress reports from 2012 to 2014 revealed that despite the ongoing intake of Hydrocodone there was no improvement of functional activities and pain relief. There was no documentation of urine drug screening or adverse effects and aberrant behaviors. The guideline criteria were not met. CA MTUS require clear and concise documentation for continuing opioid management. Therefore, the prospective request for 1 prescription of Hydrocodone 5/325mg # 60 with 1 refill is not medically necessary.