

<b>Case Number:</b>	CM14-0119989		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/23/2007
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Rehab, 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 69 year old male with an injury date on 8/23/07. The patient complains of lumbar pain rated 6-7/10 per 5/16/14 report. The patient is only being treated for pain by medications, as other treatments have been denied per 5/16/14 report. The patient is currently using Percocet and norco for general pain and breakthrough pain relief, and the meds do decrease his pain levels and allow him to remain functional and perform activities of daily living per 4/17/14 report. Based on the 5/16/14 progress report provided by the treating physician, the diagnoses are: 1. multilevel lumbago with radiculopathy, bilateral 2. sacroiliac joint and facet joint arthropathy 3. multilevel cervicalgia with radiculopathy 4. extensive myofascial syndrome 5. cervicogenic headaches 6. reactive sleep disturbance 7. reactive depression 8. repeated falls A physical exam on 5/16/14 showed " decreased range of motion of L-spine and C-spine." The patient's treatment history includes medications (Norco, Percocet, Flexeril, Lunesta), sacroiliac joint injections. The treating physician is requesting hydrocodone/APAP 10/325mg #240, day supply: 30. The utilization review determination being challenged is dated 7/11/14. The requesting physician provided treatment reports from 9/16/13 to 7/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10-325mg QTY: 240, Day Supply: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with lower back pain. The physician has asked for Hydrocodone/APAP 10/325mg #240, day supply: 30 on 5/16/14. The patient has been taking Hydrocodone since 1/23/14. The patient is also taking Flexeril for muscle spasms, and Lunesta for insomnia secondary to his chronic pain. For chronic opioids use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4As (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. In this case, the physician does not indicate a decrease in pain with current medications which include Hydrocodone. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by the MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.