

<b>Case Number:</b>	CM14-0161056		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year-old male who sustained an industrial injury on 02/09/13. He reported neck, low back and left knee pain status post motor vehicle accident. Previous diagnoses included chronic cervicothoracic strain, moderate disc protrusion L4-5, moderate to large herniated nucleus pulposus L5-S1, and contusion left knee with probable symptomatic chondromalacia patella. Diagnostic testing and treatment to date has included x-rays, CT, MRI, EMG/NCS, urine toxicology screening, epidural steroid injections, and pain medication management. Currently, the injured worker complains of neck, low back, bilateral wrist/hand, and bilateral knee pain. His low back pain radiates down to the legs. His overall pain is rated as a 10 on a 10 point pain scale without medications, and as an 8/10 with medications. Physical examination is remarkable for cervical spine tenderness to palpation with painful and decreased range of motion. He has tenderness to the left knee with crepitus. Current diagnoses include cervical radiculitis/radiculopathy, lumbar facet arthropathy/radiculitis/radiculopathy, and left knee pain. Hydrocodone/APAP 10/325 has been beneficial with intended effect. Requested treatments include hydrocodone/APAP 10/325mg #75. The injured worker is under temporary total disability. Date of Utilization Review: 09/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #75:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*. 2001 Nov; 94 (2): 149-58.

**Decision rationale:** The claimant sustained a work injury in February 2013 as a result of a motor vehicle accident. He continues to be treated for radiating back, neck, bilateral knee, and bilateral wrist and hand pain. Medications are referenced as decreasing pain from 10/10 to 8/10. When seen, there was decreased and painful cervical and lumbar spine range of motion with tenderness. Straight leg raising was positive bilaterally. There was left knee medial joint line tenderness with crepitus. His BMI was over 34. A home exercise program and weight-loss were recommended. Gabapentin, hydrocodone/acetaminophen, and Naprosyn were being prescribed. Hydrocodone/acetaminophen is referenced as beneficial with intended effect at the prescribed dose. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing some degree of pain relief. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.