

<b>Case Number:</b>	CM14-0193348		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/13/2010
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 40-year-old male with date of injury of 02/13/2010. The listed diagnoses from 10/30/2014 are: degeneration of the cervical intervertebral disk; degeneration of the lumbar intervertebral disk; cervical radiculopathy; lumbar radiculopathy and osteoarthritis of the spinal facet joint. According to this report, the patient complains of lumbar and cervical radiculopathy. He reports that his vision fades out about 3 times a day which happens on the right side. His vision problem is causing him headaches day and night at a rate of 8/10. He rates his pain without medication 8/10 and with medication use 5/10. The patient also complains of low back, bilateral lower extremity and right arm pain which seems to be progressing. He had a TESI at L5-S1 on 06/16/2014 which gave him over 60% pain relief for at least a month. His medications are beneficial and he reports no side effects. Medications enable him to function "more fully." The examination shows tenderness and tightness over the trapezius, left greater than the right, and over the levator scapulae. There is decreased range of motion at the cervical spine. Positive Spurling's sign. Tenderness in the L4-L5 on the right and L5-S1 on the left. Positive straight leg raise. Muscle strength is 4/5 in the left. EHL is 1+ on the left, 2+ on the right. Lower extremity strength is good bilaterally. There is hypoesthesia and dysesthesia in the posterolateral aspects of the left arm and posteriorly in the left leg down to the lateral foot, +2 DTRs. Motor exams is 5/5 in all the muscle groups. The documents include an MRI of the cervical spine from 12/10/2011, Epidurogram from 06/16/2014, transforaminal epidural steroid injection report from 06/16/2014 and progress reports from 03/24/2013 to 10/30/2014. The utilization review denied the request on 11/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ Acetaminophen 10/325mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, on-going management Page(s): 78, 88 and 89.

**Decision rationale:** This patient presents with low back and bilateral lower extremity pain, vision problems and headaches. The provider is requesting Hydrocodone/Acetaminophen 10/325mg, quantity 90. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed hydrocodone/acetaminophen on 04/01/2014. The 09/29/2014 report shows that the patient continues to report lumbar and cervical radiculopathy. He reports tingling in his left arm and leg with no improvements. He states that without medications, his pain is 9/10, and with medication, 4/10 to 5/10. His medications are beneficial with no reports of side effects, and his medications enable him to function at a level "more fully." In this case, the provider has provided a pain scale to denote the patient's before and after pain scale to show analgesia. In this case the treating physician has simply stated that medications help the patient function "more fully" and there is no change in work status documented to show functional improvement. The MTUS guidelines require more thorough documentation of functional improvement to justify continuation of opioid usage. The provider does not discuss aberrant drug-seeking behavior such as a urine drug screen and a CURES report. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now slowly be weaned as outlined in the MTUS Guidelines. Therefore this request is not medically necessary.