

<b>Case Number:</b>	CM14-0197851		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/06/2003
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 injured worker is a male with a date of injury of 07/06/2003. According to progress report dated 10/21/2014, the injured worker reports ongoing neck pain that radiates down to the left arm. Although he reports ongoing severe neck pain, medications have been gradually reducing the pain level. Previously, injured worker's methadone intake was decreased to 4 tabs in the morning and 4 tabs at noon and 4 tabs in the afternoon. Over the past month, he has tried to reduce his intake of Norco to 4 to 5 per day. He is still trying to get used to his level of medication but has not had to take more. Functionally, injured worker reports that medication allows him to perform his ADLs and self-care activities. He reports his pain as 6/10 on a VAS with medications and 10/10 without. He has been more active and able to exercise. Examination revealed ongoing tenderness to palpation in the mid-cervical paraspinal and bilateral upper trapezius muscles. Cervical spine range of motion is within functional limits. Motor strength is 5/5 throughout, and sensation is intact. The listed diagnoses are cervical discogenic pain and left C5-C6 cervical radicular pain. Treatment plan is for injured worker to continue home exercises and continue with medications including methadone and Norco 10/325 mg. It was noted pain contract is on file and urine opiate test was appropriate. The utilization review denied the request on 10/29/2014. Treatment reports from 05/21/2014 through 10/21/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #140:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List; Opioids, Criteria for Use; Weaning of.

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

**Decision rationale:** The request is for hydrocodone 10/325 mg #140. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." 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. Review of the medical file indicates the injured worker has been utilizing this medication since at least 05/21/2014. The treating physician provides a before and after pain scale to denote a decrease in pain with taking medications. It was noted the injured worker is able to perform his ADLs and self-care activities. Injured worker is also noted to be able to exercise with current medications. A pain management contract is on file and urine drug screens have been appropriate. The most recent urine drug screen was dated 05/20/2014. The medical reports do not indicate any adverse side effects to medication. In this case, the treating physician has provided adequate documentation of the 4As as required by MTUS for opiate management. The requested Hydrocodone 10/325 mg is medically necessary.