

<b>Case Number:</b>	CM14-0204818		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/07/2001
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 63-year-old gentleman with a date of injury of 05/07/2001. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/25/2014 and 10/24/2014 indicated the worker was experiencing pain in both arms with increased intensity at the elbows and forearms, spasms in the forearms and upper back, shoulder numbness on both sides, and hand tingling. Documented examinations described decreased motion in the elbow joints, tenderness in the forearms, decreased grip strength, and tenderness in the neck and upper back with associated trigger points. The submitted and reviewed documentation concluded the worker was suffering from chronic regional pain syndrome, brachial neuritis, fibromyalgia, back pain, and lateral epicondylitis. Treatment recommendations included oral and topical pain medications, spinal cord stimulator, trigger point injections, and elbow braces. A Utilization Review decision was rendered on 11/26/2014 recommending non-certification for urinary drug screen testing and 120 tablets of hydrocodone with acetaminophen 10/325mg. Urinary drug screen testing reports dated 03/11/2014, 05/06/2014, 06/04/2014, 07/02/2014, and 10/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95;124.

**Decision rationale:** Hydrocodone with acetaminophen is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in both arms with increased intensity at the elbows and forearms, spasms in the forearms and upper back, shoulder numbness on both sides, and hand tingling. While the documentation included a general statement indicating improved pain intensity and function with the use of the worker's entire medication regimen, the recorded pain assessments included very few of the other elements recommended by the Guidelines, and there was no suggestion that this medication was specifically providing benefit. Further, the 07/02/2014 urinary drug screen test results did not appear consistent with the medications prescribed. For these reasons, the current request for 120 tablets of hydrocodone with acetaminophen 10/325mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

**Urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80; 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in both arms with increased intensity at the elbows and forearms, spasms in the forearms and upper back, shoulder numbness on both sides, and

hand tingling. Treatment recommendations included the use of two restricted medications, including an opioid. Attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. Further, the 07/02/2014 urinary drug screen test results did not appear consistent with the medications prescribed. For these reasons, the current request for urinary drug screen testing is medically necessary.