

<b>Case Number:</b>	CM14-0040580		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old male, who sustained an industrial injury on 5/21/2013. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included conservative measures. On 1/22/2014, the injured worker complained of lumbar spine pain with radiation down the left leg, rated 6-7/10 with medication. He currently reported taking Tramadol, 3 tablets daily. Exam of the cervical spine revealed limited range of motion, positive shoulder depression test on the left side, positive Spurling's test on the left side, and positive cervical compression test. Muscle strength was 4/5 in the C8 nerve root on the left side. Sensation was decreased in the C8 nerve distribution on the left side. Exam of the lumbar spine revealed decreased range of motion, Kemp test positive on the left side, and straight leg raise test positive at 60 degrees for pain radiating down the left lateral thigh. Muscle strength was 4/5 in the L5 and S1 nerve roots on the left side and sensation was decreased in the L5 and S1 left side nerve distributions. Treatment plan included Anexsia (Hydrocodone/APAP 7.5/325mg) #60, 1-2 tabs every 6 hours as needed for pain. On 2/25/2014, Utilization Review modified a prescription request for Anexsia (Hydrocodone/APAP 7.5/325mg) #60, to #30, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anexia (Hydrocodone/APAP 7.5/325) tablets #60 one (1) to two (2) tablets by mouth every six (6) hours as needed for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of OpioidsHydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The patient presents with low back pain radiating the left lower extremity. The request is for Anexia (Hydrocodone/APAP 7.5/325) tablets # 60 one (1) to two (2) tablets every six (6) hours as needed for pain. Physical examination on 11/25/13 to the lumbar spine revealed tenderness to palpation over the paravertebral muscles. Range of motion was decreased, especially on extension 15 degrees. Patient's diagnosis, per 01/22/14 progress report, include acute cervical strain, rule out disc herniation, acute lumbar strain, rule out disc herniation, rule out lower extremity radiculopathy. Per 11/27/13 progress report, patient's medications include Duexus and Voltaren gel. Per 01/22/14 progress report, patient is to remain off-work until 02/26/14. 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." 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater has not provided reason for the request. In this case, treater has not appropriately addressed the 4A's as required by MTUS. Treater has not stated how Anexia decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No recent UDS, CURES or opioid pain contracts were provided. No discussions of change in work status or return to work were provided, either. Given the lack of documentation as required by MTUS, continued use of this medication cannot be warranted. Therefore, the request IS NOT medically necessary.