

<b>Case Number:</b>	CM15-0106243		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 48-year-old male who sustained a work related injury September 30, 2013. Past medical history included hypertension and arthritis. According to a treating physician's progress notes, dated April 16, 2015, the injured worker presented with pain in his back and buttocks, rated 8-9/10. The pain radiates from his buttocks down to his right leg to the knee and down to the foot, with weakness and difficulty walking. He reports acupuncture has helped his lower back but not the pain in the buttocks/ leg. Physical examination revealed positive trigger points in the cervical paraspinal region and multiple trigger points along the lumbar paraspinal region, quadratus lumborum, and piriformis muscle area. There is tenderness at the right sacroiliac joint. He walks with an antalgic gait pattern and is unable to squat. Diagnoses are cervical spondylosis; myofascial pain; cervical spondylosis with radiculopathy; degeneration of lumbar intervertebral disc. At issue, is the request for authorization for Hydrocodone. Patient had received lumbar ESIs for this injury. The medication list include Medrol dose pack and Naproxen. The patient has had MRI of the lumbar spine that revealed disc protrusion and MRI of the cervical spine on 2/18/15 that revealed foraminal narrowing, facet hypertrophy. The medication list include Naproxen, gabapentin, Diclofen, Hydrocodone and Ibuprofen. The patient has used a lumbar support. Patient has received an unspecified number of PT visits for this injury. Patient sustained the injury due to MVA. Any surgical or procedure note related to this injury were not specified in the records provided. A recent detailed urine drug screen report was not specified in the records provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Hydrocodone 7.5/Ibuprofen 200 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Therapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** Request: One prescription of Hydrocodone 7.5/Ibuprofen 200 mg #90. One prescription of Hydrocodone 7.5/Ibuprofen 200 mg #90 contains Hydrocodone with APAP which is an opioid analgesic in combination with Ibuprofen. According to CA MTUS guidelines cited below, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of Hydrocodone 7. 5/Ibuprofen 200 mg, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of One prescription of Hydrocodone 7. 5/Ibuprofen 200 mg #90 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the request is not medically necessary.