

<b>Case Number:</b>	CM15-0013687		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: 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 56 year old female who sustained an industrial injury on 06/29/2000. Current diagnoses include lumbago, low back pain and knee pain/joint pain. Previous treatments included medication management, injections, and therapy. Report dated 12/04/2014 noted that the injured worker presented with complaints that included anxiety, back and knee pain. Pain level was rated as 7 out of 10 on the visual analog scale (VAS) with medications. Oral medication regimen includes Xanax, simvastatin, hydrocodone, Zanaflex, Losartan-hydrochlorothiazide, Ambien, and Toradol injection. Physical examination was positive for abnormal findings. Utilization review performed on 01/13/2015 non-certified a prescription for hydrocodone, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 75, 77, 78, 80, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The patient presents with pain and weakness in her lower back, knee and lower extremity. The request is for HYDROCODONE 10/325 #240. The patient is currently taking Xanax, Simvastatin, hydrocodone, Zanaflex, Losartan-Hydrochlorothiazide and Ambien. The patient has been utilizing Hydrocodone since at least 07/01/14. All reports provided by the treater mention only pain scale with medications. The 10/31/14 progress report states that "The treater collect the urine and do qualitative testing, If we find any suspicious findings or if it is important that we know the quantitative amount, we send it off for gas chromatography." 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 4 As --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 guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the 4 A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are after pain scales but there are no before pain scales. MTUS guidelines require both of before/after pain scales to show analgesia. Urine Drug screen is mentioned but there are no urine toxicology report showing opiate monitoring. No specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.