

<b>Case Number:</b>	CM15-0017553		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59-year-old female, with a reported date of injury of 08/17/2010. The diagnoses include neck pain, cervical intervertebral disc degeneration, lumbar intervertebral disc degeneration, lumbar muscle spasm, right acromioclavicular joint sprain/strain, right shoulder bursitis, status post right shoulder surgery, right de Quervain's disease, right knee chondromalacia, and right knee meniscus tear. Treatments have included physical therapy, with 8 visits completed. The progress report dated 11/17/2014 indicates that the injured worker complained of frequent moderate neck pain, slowly increasing low back pain, rated 6-8 out of 10, some decreased right shoulder pain, rated 8 out of 10 at times, and swelling with sharp shooting pain in the right knee, rated 8 out of 10. The objective findings included decreased and painful cervical range of motion, tenderness to palpation of the cervical paravertebral muscles and left trapezius, decreased and painful lumbar spine range of motion, tenderness to palpation of the L5-S1 spinous processes and lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles, decreased and painful right shoulder range of motion, tenderness to palpation of the anterior shoulder, lateral shoulder, and posterior shoulder, acromioclavicular joint palpation caused pain, tenderness to palpation of the right lateral wrist, swelling of the right knee, decreased and painful right knee range of motion, and tenderness to palpation of the anterior knee, medial knee, posterior knee and superior border of the patella. The treating physician requested hydrocodone/acetaminophen 10-325mg #120, 30-day supply. The rationale for the request was not indicated. On 01/21/2015, Utilization Review (UR) denied the request for hydrocodone/acetaminophen 10-325mg #120, 30-day supply, noting that there was no

documentation of the injured worker's functional status, no documentation of the injured worker's signed agreement and contract with the treating provider for the use of chronic opioid therapy, or the documentation that the opioid use had increased the injured worker's level of function. The MTUS Chronic Pain Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydroco/Apap tab 10-325mg, days supply: 30 qty:120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 75-78, 88, 91 of 127.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 As (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."The most recent progress note dated January 21, 2015 reveals no documentation to support the medical necessity of hydrocodone/APAP 10/325 mg nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.