

<b>Case Number:</b>	CM15-0137324		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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 39 year-old male who sustained an industrial injury on 04/11/13. He reported back pain. The injured worker is diagnosed with having lumbosacral spondylosis, and lumbar degenerative disc disease. Diagnostic testing and treatment to date has included radiographic imaging, and pain medication management. Currently, the injured worker complains of back pain that is preventing him from sleeping. The injured worker reports that with his pain medication, he can sleep about eight to nine hours, and without pain medication, he only sleeps for about two to three hours. The injured worker's back pain is shooting and sharp, rated as a 9 on a 10-point pain scale. The treating physician reports the injured worker benefits from the medication to allow activities of daily living. Requested treatments include hydrocodone 10/325mg #150. The injured worker's status is not addressed. Date of Utilization Review: 06/25/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78, 92.

**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 non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (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." Per progress report dated 7/9/15, it is noted that this medication allows the injured worker to maintain his functional capacity. He has decreased from being able to get eight hours of sleep to approximately four hours of sleep due to his reduction from six tablets to five tablets of hydrocodone/APAP per day. The notes do not appropriately review and document pain relief, 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. 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. Absent documentation supporting appropriate medication usage, the request is not medically necessary.