

<b>Case Number:</b>	CM15-0145354		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	02/24/2003
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 54 year old female, who sustained an industrial injury on 2-24-2003. The mechanism of injury to her neck is not indicated. The injured worker was diagnosed as having chronic pain syndrome, and cervicgia. Treatment to date has included neck surgery, medications, urine drug screening. The request is for Hydroco-apap. On 2-24-2015, she denied changes in her neck pain. She rated her pain 4 out of 10. She indicated she continued pain medications as instructed and denied side effects. The treatment plan included refilling Hydrocodone-acetaminophen and morphine sulfate. On 4-23-2015, she reported neck pain. She indicated her pain to have increased since her last visit. She rated her pain 5 out of 10. She is taking Norco and MS Contin as instructed, and is also taking Gabapentin. Her current medications are: Gabapentin, Hydrocodone-acetaminophen, Morphine sulfate, Wellbutrin, Verapamil HCL, Simvastatin, Imitrex, and Levothyroxine sodium. Physical findings revealed a decreased range of motion to the neck. The provider noted she had more pain and less functionality and mood decline with a reduction in Norco. The provider noted there will be an attempt at continued weaning of opioid pain medications. The treatment plan included: Hydrocodone-acetaminophen, Morphine sulfate, continue home exercise program, and follow up. On 6-18-2015, she reported worsened mood, fatigue, anhedonia, decline in function and increased pain with MS Contin dose reduction. Her pain is rated 4 out of 10. The treatment plan included: increasing MS Contin, continue home exercise program, prescriptions for Morphine sulfate, and hydrocodone-acetaminophen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP tab 5-325mg day supply: 30 Qty: 90 refills: 00 Rx date: 06/23/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone; MTUS (2009), 9792.20; Functional restoration approach to chronic pain management Page(s): 60,61, 76-78, 88,89.

**Decision rationale:** The patient presents on 06/22/15 with neck pain rated 4/10. The patient's date of injury is 02/24/03. Patient is status post anterior cervical fusion at C3-7 levels in June 2004, and status post posterior cervical fusion at C3-7 in October 2005. The request is for HYROCODO/APAP TAB 5/325MG DAY SUPPLY: 30 QTY:90 REFILLS 00 RX DATE 06/23/15. The RFA was not provided. Physical examination dated 06/22/15 reveals decreased range of motion in the cervical spine. The patient is currently prescribed Gabapentin, Vicodin, Morphine sulfate, Wellbutrin, Simvastatin, Imitrex, and Levothyroxine. Patient's current work status is not provided. MTUS Guidelines, Criteria For Use of Opioids (Long-Term Users of Opioids) Section, Pages 88-89 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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Addressing medication efficacy, progress note dated 07/07/15 has the following: "Patient continues current pain medications as instructed. Reports benefits and denies side effects. Decline in functioning, mood with increased pain level with reduction of MS Contin dose." Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the treater does not provide analgesia via a validated scale, any activity-specific functional improvements attributed to medications, and do not specifically state a lack of aberrant behaviors. Without such documentation, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.