

<b>Case Number:</b>	CM15-0162111		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	07/23/2006
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 50-year-old female, with a reported date of injury of 07-23-2006. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include status post lumbar decompression, left L4-5; rule out lumbar intradiscal component; rule out lumbar radiculopathy; cervical pain with upper extremity symptoms; left shoulder pain; multiple trigger points in the lumboparaspinal musculature; myofascial pain; left shoulder impingement and calcific tendinitis; and lateral knee pain. Treatments and evaluation to date have included home exercises, oral medications, an LSO (lumbo-sacral) brace, left L4-5 decompression, trigger point injections to the lumbar spine, ice, heat, and myofascial release. The diagnostic studies to date have included a urine drug screen on 04-28-2015 with negative findings; and electrodiagnostic studies of the bilateral lower extremities on 08-26-2014, which showed a trend toward chronic denervation in the muscles, supplied in the left side, and left L5 radicular involvement. The follow-up consultation dated 07-13-2015 indicates that the injured worker had low back pain with left lower extremity symptoms, which were rated 8 out of 10; left knee pain, rated 6 out of 10; right knee pain, rated 5 out of 10; cervical pain with left greater than right upper extremity symptoms, which were rated 6 out of 10; and right shoulder pain, rated 6 out of 10. The injured worker took hydrocodone 10mg twice a day and Ambien 10mg daily at bedtime; and she denied any side effects. The objective findings include tenderness of the lumbar and cervical spine; limited range of motion of the lumbar and cervical spines; no acute distress; tenderness of the left shoulder; limited left shoulder range of motion; and tenderness of the lumboparaspinal

musculature with multiple tender trigger points. The treatment plan included Hydrocodone 10mg #60, twice a day. A random urine drug screen was performed due to the injured worker's poor response to opioids in the past, depression, and no return to work for a period of several months. The injured worker's disability status was referred to the agreed medical examination. The injured worker would follow-up with the treating physician in three weeks. The follow-up consultation report dated 06-15-2015 indicates that the injured worker's low back pain was rated 8 out of 10; her left knee pain was rated 6 out of 10; the right knee pain was rated 5 out of 10; her cervical pain with left greater than right upper extremity symptoms was rated 6 out of 10; and her right shoulder pain was rated 6 out of 10. The treating physician requested Hydrocodone 10mg #60.

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

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

#### **Hydrocodone 10 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

**Decision rationale:** Based on the 7/13/15 progress report provided by the treating physician, this patient presents with low back pain with left lower extremity symptoms rated 8/10, left knee pain rated 6/10, right knee pain rated 5/10, cervical pain with left > right upper extremity symptoms rated 6/10, and right shoulder pain rated 6/10. The treater has asked for HYDROCODONE 10 MG #60 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 8/3/15 are s/p lumbar decompression left L4-5, rule out lumbar radiculopathy, cervical pain with upper extremity symptoms, left shoulder pain, left shoulder impingement rotator cuff. The patient states that myofascial pain/trigger points that limit most activities per 7/13/15 report. The patient is s/p shockwave therapy for lumbar myofascial trigger points, home exercise program, activity modification, and NSAID per 5/18/15 report. The patient's current medications include Hydrocodone, and Ambien without side effects per 7/13/15 report. The patient's work status is not included in the provided documentation. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain

relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient has been taking Norco since 3/16/15 and in reports dated 2/16/15 and 5/18/15. MTUS requires appropriate discussion of all the 4A's. The treater denies side effects and makes a general statement that "medication facilitates improved tolerance to a variety of activity" in 6/15/15 report. However, in addressing the 4A's, the treater does not specifically discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided per review of reports. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.