

<b>Case Number:</b>	CM15-0166021		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	02/02/2004
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 male, who sustained an industrial injury on 2-2-04. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar postlaminectomy syndrome; lumbago; lumbosacral neuritis unspecified. Treatment to date has included status post posterolateral fusion L4-5 and L5-S1 (7-2005); status post removal of hardware (4-23-09); physical therapy; medications. Currently, the PR-2 notes dated 7-15-15 indicated the injured worker complains of back pain with no major changes since last visit. He continues with same symptoms and taking his medications as prescribed. He reports numbness and tingling in his legs and feet and swelling of the lumbar spine. His request for orthopedic shoes is pending. He reports the pain medication helps his pain and with activities of daily living. The injured worker is a status post posterolateral fusion L4-5 and L5-S1 in 7-2005; status post removal of hardware on 4-23-09. Objective findings are notes by the provider as back pain with positive spasms, positive straight leg raise and restricted range of motion. His treatment plan is to renew his medications and to return to the office on a month. The provider is requesting authorization of Hydrocodone/APAP Tab 10/325mg #120, 30 Day Supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP Tab 10/325mg #120, 30 Day Supply:** 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with back pain. The patient has numbness and tingling in his legs/feet. The request is for HYDROCODONE/APAP TAB 10/325MG #120, 30 DAY SUPPLY. The request for authorization is not provided. Physical examination reveals restrictive range of motion. Positive straight leg raise. Pain medication ease pain from 9 to 5 and with activities of daily living. Patient's medications include Norco, Naproxen, Lidocaine Patch. Per progress report dated 08/12/15, the patient to remain off-work. 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, p 77, 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." MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Treater does not specifically discuss this medication. Prescription history for Hydrocodone/APAP is not provided. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects but not regarding aberrant drug behavior. No UDS, CURES or opioid contract is provided for review. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.