

<b>Case Number:</b>	CM15-0181446		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/27/2001
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 male who sustained an industrial injury on 06-27-2001. A review of the medical records indicates that the injured worker is undergoing treatment for protrusion with radiculopathy, bilateral foraminal narrowing C2-3, C4-5, C5-6, facet osteoarthropathy C2-3, C4-5, C5-6, lumbar spondylosis, lumbar radiculopathy and cervicogenic headache. According to the progress note dated 08-07-2015, the injured worker reported cervical pain with right upper extremity symptoms, paralleling headaches, low back pain, compensatory left ankle pain, and left shoulder pain. The pain level was 7 out of 10 in cervical spine, 6 out of 10 in low back, 5 out of 10 in left ankle and 5 out of 10 in left shoulder. The current medications include Hydrocodone 10mg twice a day, Pantoprazole 20mg and over the counter Ibuprofen. Other medication list includes Cyclobenzaprine, Tramadol, Ibuprofen and Naproxen. The injured worker reported a successful trail of topical antiepileptic drugs with no side effects. Per the note dated 8/7/15 the patient had complaints of pain in low back, left shoulder, left ankle and neck with radiation of pain in right upper extremity and right lower extremity. Physical examination performed on 08-07-2015 revealed tenderness in the cervical and lumbar spine, limited range of motion and spasm of the cervical trapezius and lumboparaspinal musculature. Treatment to date has included diagnostic studies, prescribed medications, and periodic follow up visits. The treatment plan included epidural steroid injections, physical therapy, consultation, lumbo-sacral orthosis (LSO), wrist brace, transcutaneous electrical nerve stimulation (TENS) and medication management. Medical records indicate that the injured worker has been on

Hydrocodone since at least 02-06-2015 without any significant objective gains or decrease in pain. The treating physician requested Hydrocodone 10 mg #60. The utilization review dated 09-03-2015, modified the request for 30-day supply of Hydrocodone 10 mg for weaning purposes (original: 60). The patient sustained the injury due to cumulative trauma. The patient has had MRI of the cervical spine on 6/26/14 that revealed disc protrusions, and foraminal narrowing. A recent urine drug screen report was not specified in the records provided.

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

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

#### **Hydrocodone 10 mg #60: Overturned**

**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.

**Decision rationale:** Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The patient has had diagnoses of for protrusion with radiculopathy, bilateral foraminal narrowing C2-3, C4-5, C5-6, facet osteoarthropathy C2-3, C4-5, C5-6, lumbar spondylosis, lumbar radiculopathy and cervicogenic headache. According to the progress note dated 08-07- 2015, the injured worker reported cervical pain with right upper extremity symptoms, paralleling headaches, low back pain, compensatory left ankle pain, and left shoulder pain. Pain level was 7 out of 10 in cervical spine, 6 out of 10 in low back, 5 out of 10 in left ankle and 5 out of 10 in left shoulder. Physical examination performed on 08-07-2015 revealed tenderness in the cervical and lumbar spine, limited range of motion and spasm of the cervical trapezius and lumboparaspinal musculature. The patient has had MRI of the cervical spine on 6/26/14 that revealed disc protrusions, and foraminal narrowing. Patient has had a trial of NSAID, Muscle relaxant, tramadol for this injury. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Hydrocodone 10 mg #60 is medically necessary and appropriate in this patient.