

<b>Case Number:</b>	CM15-0182162		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 53 year old male who sustained an industrial injury September 4, 2009. Past history included status post lumbar decompression. According to a primary treating physician's follow-up consultation dated August 7, 2015, the injured worker presented with complaints of low back pain, rated 7 out of 10, with right greater than left lower extremity symptoms. The injured worker inquired regarding topical cream. He recalls a successful trial of topical anti-epileptic drug. With medication, he rated his pain 4-6 out of 10, with improved adherence to recommended exercise regime, improved sleep quality and duration, and elimination of isolation behavior resulting in an increase in daily activity. The physician documented; Hydrocodone facilitates diminution in severe pain and breakthrough pain. Objective findings included; tenderness in the lumbar spine, lumbar range of motion % of normal; flexion 60, extension 40, left and right lateral tilt 40, left rotation 40; positive straight leg raise bilaterally. Diagnoses are status post remote lumbar decompression; protrusion 4mm at L3- 4 and L4-5 and 3mm at L5-S1 with neural encroachment and radiculopathy. Treatment plan included pending authorization for physical therapy, continue with TENS (transcutaneous electrical nerve stimulator) unit, await reconsideration for topical compound, and initiated a urine toxicology screen. At issue, is a request for authorization for Hydrocodone 10-325mg #60. According to utilization review dated September 4, 2015, the request for Hydrocodone 10-325mg #60 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #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, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** Hydrocodone 10/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation also reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for Hydrocodone is not medically necessary.