

<b>Case Number:</b>	CM15-0182181		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/21/2001
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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:

This is a 56 year old male patient who sustained an industrial injury on 04/21/2001. He sustained the injury while carrying tree logs. The diagnoses include chronic low back pain, persistent lower back muscle spasms, chronic facet disease of the lumbar spine, herniated lumbar disc and sciatica. Per the doctor's note dated 07-16-2015, he had complains of lower back pain and difficulty sitting for more than a short period of time. He had complains of pain rated a 7 on a scale of 0-10 most of the time. The physical examination revealed mild muscle spasm in the paravertebral muscles, tenderness over the L4-5 and L5-S1 facet joints, tenderness over the bilateral sciatic notches and low back pain with a straight leg raise at 75 degrees. The medications list includes Norco, robaxin and sulindac. Treatment to date has included a lumbar discectomy (09-22-2003), physical therapy and medications. The treatment plan includes medication refills. A request for authorization was submitted for Hydroco/APAP tab 7.5-325 QTY 50 day supply. A utilization review decision 08/14/2015 modified the request to approve quantity #25 for the purpose of completing opioid taper for discontinuation over the course of the next 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP tab 7.5-325 QTY 50 day supply: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Hydrocodone is an opioid analgesic. According to the cited guidelines, "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." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of 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...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The response to an anticonvulsant and antidepressant for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen,2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydroco/APAP tab 7.5-325 QTY 50 day supply is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. Therefore, the request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.