

<b>Case Number:</b>	CM15-0182216		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/09/2002
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/09/2015
<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: Massachusetts

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

### 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 60 year old male who sustained an industrial injury on April 09, 2002. A recent primary follow up dated June 26, 2015 reported subjective complaint of: "has been having more pain today due to storm moving in otherwise, no change." The assessment note: crushed vertebra, degenerative disc disease. The plan of care noted: refilling Hydrocodone and fill out Workers Compensation form. Primary follow up dated February 13, 2015 reported: chief complaint as "WC follow up." There is subjective complaint of: "with the front coming in has had more pain in the back." "not sleeping as well the medications seem to have stopped." Has refills on all medications. The plan of care noted: stopping the Zolpidem and starting Trazadone 50mg one each night. On August 26, 2015 a request was made for Hydrocodone and Acetaminophen 10mg 325mg #84 for weaning, which was denied due to not meeting required guidelines for narcotic, Opioid use, management protocol involving proper documentation to include: functional improvement, decrease of pain symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Hydrocodone:** 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, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2002 and continues to be treated for chronic pain. When seen, he was having increasing pain attributed to changes in the weather. He wanted to be seen every four months rather than every six months. His condition was otherwise unchanged. Physical examination findings included a body mass index of nearly 30. Norco and Valium were being prescribed on an industrial basis. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.