

<b>Case Number:</b>	CM15-0192923		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/14/1988
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 52 year old male, who sustained an industrial injury on 3-14-88. The injured worker is being treated for chronic pain syndrome and lumbar post-laminectomy syndrome. Treatment to date has included lumbar medial branch block, rhizotomy (helped with reduction of medications), oral medications including Hydrocodone 10-325mg (since at least 5-2012), Morphine 30mg and Ondansetron 4mg; and activity modifications. On 9-11-15, the injured worker complains of ongoing chronic low back pain with bilateral radiation to lower extremities and left buttock and left groin pain; he rates the pain 10 out of 10 without medications and 5 out of 10 with medications. He also notes activities of daily living improve with medications. He states he feels he is improving and medications are helping a lot. He is currently working regular duty. Physical exam performed on 9-11-15 revealed normal gait, tenderness of paraspinal region at L4 and ileolumbar region, tenderness of paraspinal region at L4 and ileolumbar region and improved range of motion. On 9-11-15, a request for authorization was submitted for Hydrocodone 10-325mg #120 with 0 refills and Hydrocodone 10-325mg #120 with 0 refills. On 9-18-15 request for Hydrocodone 10-325mg #120 with 0 refills was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen 10/325mg quantity 120 between 10-11-15 and 11-16-15:**  
Upheld

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

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

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1988 injury without acute flare, new injury, or progressive neurological deterioration. The Hydrocodone-Acetaminophen 10/325mg quantity 120 between 10-11-15 and 11-16-15 is not medically necessary and appropriate.