

<b>Case Number:</b>	CM15-0193403		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/25/2002
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/17/2015
<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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 61 year old female who reported an industrial injury on 1-25-2002. Her diagnoses, and or impressions, were noted to include: status-post revision right lumbar 5 - sacral 1 decompression in 2-2014; rule-out left knee internal derangement; and depression. No current imaging studies were noted. Her treatments were noted to include: right lumbosacral decompression (2-2014); 82 physical therapy sessions; 8 chiropractic sessions; medication management with toxicology screenings once a month for high risk and poor response to opioids in the past; and rest from work. The orthopedic progress notes of 8-20-2015 reported: left and right knee pain rated 5 out of 10; low back pain, rated 6 out of 10, with lower extremity symptoms; an inquiry to the trial of topical anti-epileptic drug to facilitate significant diminution in radicular pain component, with stated 30% improved tolerance to standing and walking, and her desire to continue topical; recollection of failed anti-depressant and anti-epileptic drug in this regard; and that she took Hydrocodone 10 mg twice a day and Pantoprazole. The objective findings were noted to include: tenderness in the lumbar spine with 40 - 50% of normal bilateral lumbar range-of-motion; an unchanged lower extremity neurologic evaluation; tenderness in the left knee with tenderness range-of-motion; favoring of the right lower extremity, otherwise unchanged; and worsening left knee condition with decline in activity and function, rule-out internal derangement; and objective improvement in the right knee. The physician's requests for treatment were noted to include Hydrocodone 10 mg twice a day, #60, with an inquiry of the injured worker for strategies to further taper medication at possibly eliminate medication, along with inquiry in regards to topical. The progress notes of 3-19-2015 noted an increase in

Hydrocodone to 10 mg for left knee pain rated 5 out of 10, from 7.5 mg on 2-5-2015 with left knee pain rated 7 out of 10 and with right knee pain rated 5 out of 10. Medical records dated 7-23-2015 noted a partial certification for Hydrocodone 10 mg #30, for weaning purposes. The Request for Authorization, dated 9-11-2015, was for Hydrocodone 10 mg, twice a day, #60. The Utilization Review of 9-17-2015 non-certified the request for Hydrocodone 10 mg, twice a day, #60.

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

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

#### **Hydrocodone 10mg #60: Upheld**

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

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 3/19/15. Therefore, the determination is for non-certification.