

<b>Case Number:</b>	CM15-0196732		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old female, who sustained an industrial injury on 6-3-12. The injured worker was diagnosed as having thoracic degenerative disc disease, low back pain and lumbar facet syndrome. Medical records (1-30-15 through 7-17-15) indicated 7 out of 10 pain with medications and 9 out of 10 pain without medications. The physical exam (4-24-15 through 7-17-15) revealed "restricted" thoracic and lumbar range of motion and a positive straight leg raise test bilaterally. As of the PR2 dated 8-28-15, the injured worker reports pain in her back. She rates her pain 7 out of 10 with medications and 9 out of 10 without medications. Objective findings include "restricted" thoracic and lumbar range of motion and a positive straight leg raise test bilaterally. Current medications include Lidoderm patch, Celebrex, Cyclobenzaprine, Rozerem and Hydrocodone-APAP (since at least 1-30-15). Treatment to date has included a home exercise program, bilateral sacroiliac joint injections on 7-13-15 and a lumbar CT on 8-17-15 showing significant scoliosis of the thoracic spine. The treating physician requested Hydrocodone-APAP 10-325mg #30. The Utilization Review dated 9-15-15, modified the request for Hydrocodone-APAP 10-325mg #30 to Hydrocodone-APAP 10-325mg #15 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg, 1/2 to one daily as needed #30:** 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, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for hydrocodone is not considered medically necessary.