

<b>Case Number:</b>	CM15-0196852		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/16/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/04/2015
<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: 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 30 year old female, who sustained an industrial injury on 3-16-2014. A review of the medical records indicates that the injured worker is undergoing treatment for 3mm protrusion L4-L5 and L5-S1 with foraminal stenosis, rule out impingement-rotator cuff pathology of the right shoulder, and reactive anxiety with resultant isolation behavior. On 3-18-2015, the injured worker reported low back pain with right lower extremity symptoms rated 6 out of 10, and right shoulder pain rated 5 out of 10. The single Primary Treating Physician's report submitted for review dated 3-18-2015, noted the injured worker's medications were facilitating maintenance of activities of daily living (ADLs) including light housekeeping, shopping for groceries, grooming, and cooking, and improvement in tolerance for activity and improved functioning at current medication dosage. The injured worker's current medications were noted to include Hydrocodone for breakthrough pain only, Tramadol, Cyclobenzaprine, and Xanax. The physical examination was noted to show lumbar spine tenderness with limited range of motion (ROM) and positive right straight leg raise, spasm of the lumboparaspinal musculature decreased, and tenderness of the right shoulder with limited range of motion (ROM) with pain and positive impingement signs. The treatment plan was noted to include continued TENS and LSO, and request for Tramadol ER, prescribed Hydrocodone, dispensed Naproxen Sodium, Pantoprazole, Cyclobenzaprine, and Xanax. The injured worker was noted to have good analgesia achieved with medication, compliant with opioid guidelines. The injured worker's work status was noted to be temporarily partially disabled. The request for authorization dated 8- 28-2015, requested Hydrocodone 10/325mg #60 Rx: 8/28/15. The Utilization Review (UR) dated 9-4-2015, denied the request for Hydrocodone 10/325mg #60 Rx: 8/28/15 however, weaning was recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60 Rx: 8/28/15:** Upheld

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

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

**Decision rationale:** The patient was injured on 03/16/13 and presents with low back pain and right shoulder pain. The request is for HYDROCODONE 10/325MG #60 RX: 8/28/15 for breakthrough pain. There is no RFA provided and the patient's current work status is not provided either. The patient has been taking this medication as early as 03/18/15 and there is only one treatment report provided from 03/18/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The 03/18/15 report states that current ADLs with medications allow for light household duties, shopping for groceries, grooming, and cooking. She rated her low back pain as a 6/10 and her right shoulder pain as a 5/10. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided and there aren't any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Hydrocodone IS NOT medically necessary.