MAXIMUS Federal Services

| Case Number: | CM15-0199599 | | |
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| Date Assigned: | 10/14/2015 | Date of Injury: | 06/04/2012 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 10/10/2015 |

## 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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 61 year old male who sustained an industrial injury on 6-4-12. The injured worker reported pain in the back and neck with radiation to the upper and lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for neck and low back pain, coccygodynia, lumbar and cervical disc with radiculitis, myofascial pain and degeneration of cervical and lumbar intervertebral disc. Medical records dated 9-8-15 indicate the injured worker "is doing very poorly and is unable to even sit for 2 min to have a conversation...having to constantly pace through the room in agony." Treatment has included Norco since at least May of 2015, Anaprox since at least May of 2015, Ibuprofen since at least May of 2015, Tramadol since at least May of 2015, Lidoderm Patch since at least May of 2015, home exercise program, Neurontin since at least September of 2015, cervical and lumbar spine magnetic resonance imaging. Objective findings dated 9-8-15 were notable for an antalgic gait, lumbar spine guarding, unable to sit or stand in one position without readjusting posture frequently, tenderness to palpation to cervical and lumbar spine. The original utilization review (9-17-15) denied a request for Hydrocodone-APAP 10-325mg 1 tablet orally 4 times daily as needed, 30 days #120.

## 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 tablet orally 4 times daily as needed, 30 days #120:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of hydrocodone/APAP nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.