

<b>Case Number:</b>	CM15-0209619		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/16/1999
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2015

### 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 52 year old male who sustained an industrial injury 04-16-99. A review of the medical records reveals the injured worker is undergoing treatment for cervical and lumbar radiculopathy, chronic pain, lumbar spinal stenosis, bilateral shoulder and elbow pain, left knee pain, headaches, and erectile dysfunction. Medical records (09-28-15) reveal the injured worker complains of neck, low back, upper and lower extremity pain and erectile dysfunction due to pain. He reports his pain at 4/10 with medication and 9/10 without medications. The physical exam (09-28-15) reveals spinal vertebral tenderness to palpation in the cervical and lumbar spines, as well as limited range of motion in the lumbar spine due to pain. Tenderness to palpation is noted in the bilateral anterior shoulders. Prior treatment includes right wrist surgery, left shoulder and knee surgery, physical therapy, anti-seizure medications, non-steroidals, and opioid pain medications. The original utilization review (10-21-15) non certified the request for Hydrocodone 10/325 #60 and Tramadol ER 200mg #30. The documentation supports that the injured worker has been on hydrocodone and tramadol since at least 04-27-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 mg #60:** 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.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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 non-adherent) 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 insufficient documentation to support the medical necessity of hydrocodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per progress report dated 9/28/15, it was noted that the injured worker rated pain 4/10 on average with medications and 9/10 on average without medications. UDS dated 6/11/15 was positive for hydrocodone, and negative for tramadol. It was noted that pain contract was on file. As MTUS recommends to discontinue opioids if there is no overall improvement in function, and in consideration of inconsistent UDS, it is not medically necessary.

**Tramadol ER 200mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 ongoing 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 non-adherent) 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 insufficient documentation to support the medical necessity of hydrocodone 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 functional status improvement, 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per progress report dated 9/28/15, it was noted that the injured worker rated pain 4/10 on average with medications and 9/10 on average without medications. UDS dated 6/11/15 was positive for hydrocodone, and negative for tramadol. It was noted that pain contract was on file. As MTUS recommends to discontinue opioids if there is no overall improvement in function, and in consideration of inconsistent UDS, it is not medically necessary.