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| <b>Case Number:</b>   | CM15-0020891 |                              |            |
| <b>Date Assigned:</b> | 02/10/2015   | <b>Date of Injury:</b>       | 01/11/2014 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 01/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/04/2015 |

### 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 51 year old female, who sustained an industrial injury on January 11, 2014. She has reported cumulative trauma affecting her back, hip, right leg, and internal system. The diagnoses have included lumbar radiculopathy and right hip enthesopathy. Treatment to date has included physical therapy, acupuncture, chiropractic treatments, and medications. Currently, the injured worker complains of right hip and lower back pain. The Primary Treating Physician's report dated January 13, 2015, noted the injured worker had received a right hip injection which provided her with temporary relief. Physical examination was noted to show spasm present in the lumbar paraspinal muscles, with tenderness to palpation. On January 23, 2015, Utilization Review non-certified Hydrocodone (Norco) 5/325mg quantity 60, noting the lack of documented functional improvement with ongoing use, lack of signed pain contract, lack of urine drug testing, and the lack of documented effort to decrease or discontinue opioids. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of Hydrocodone (Norco) 5/325mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (Norco) 5/325mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

**Decision rationale:** The 51 year old patient presents with pain in the lower back and right hip, as per progress report dated 01/13/15. The request is for HYDROCODONE (NORCO) 5/325 mg QUANTITY 60. The RFA for this case is dated 01/13/15, and the patient's date of injury is 01/11/14. Diagnoses, as per progress report dated 01/13/15, included lumbar radiculopathy and enthesopathy of the right hip. Medications included Hydrocodone, Orphenadrine and Capsaicin. The patient is temporarily totally disabled, as per progress report dated 01/13/15. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Hydrocodone is first noted in progress report dated 07/22/14, and the patient has been taking the medication consistently at least since then. However, the treater does not document a maintained reduction in pain in terms of the pain scale. No validated scale is used to demonstrate an improvement in function as well. NO UDS or CURES reports are available for review. The treater does not list the side effects associated with use of Norco. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.