

<b>Case Number:</b>	CM15-0027187		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/24/1990
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 52 year old male, who sustained an industrial injury on 12/24/1990. The diagnoses have included lumbago and low back pain. Treatment to date has included multiple surgical interventions, medications, injections and modified activity. Currently, the IW complains of worsening low back pain with radiation to the left and right buttock. He reports associated stiffness and numbness. Objective findings included an antalgic gait and tenderness and spasm over the lumbar paraspinal muscles. He received a trigger point injection. On 2/04/2015, Utilization Review non-certified a request for Vicodin 7.5/325mg #90 and Flexeril 10mg #100 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/12/2015, the injured worker submitted an application for IMR for review of Vicodin 7.5/325mg #90 and Flexeril 10mg #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin (Hydrocodone-Acetaminophen) 7.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** This patient presents with low back pain radiating to the bilateral buttocks. The treater is requesting VICODIN HYDROCODONE-ACETAMINOPHEN 7.5/325 MG, #90. The RFA dated 01/27/2015 shows a request for a Vicodin 7.5/325 mg q.8 hours, #90. The patient's date of injury is from 12/24/1990 and his current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Vicodin on 02/06/2013. The 01/26/2015 report notes that the patient's low back pain has worsened since his last visit. His pain radiates to the left and right buttock, constant moderate intensity that is severe dull, aching, burning, and spasming. He notes some relief with rest and narcotic pain medication. None of the reports document before and after pain scales to show analgesia. There are no discussions about activities of daily living. No side effects were reported. And no aberrant drug-seeking behaviors such as a urine drug screen and CURES reports were noted. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

**Flexeril (Cyclobenzaprine HCL) 10mg #100 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with low back pain radiating to the bilateral buttocks. The treater is requesting VICODIN HYDROCODONE-ACETAMINOPHEN 7.5/325 MG, #90. The RFA dated 01/27/2015 shows a request for a Vicodin 7.5/325 mg q.8 hours, #90. The patient's date of injury is from 12/24/1990 and his current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Vicodin on

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