

<b>Case Number:</b>	CM15-0222225		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on 09-05-2013. He has reported injury to the head, neck, and right upper extremity. The diagnoses have included closed head trauma; and status post cervical anterior fusion, in 01-2014. Treatment to date has included medications, diagnostics, activity modification, TENS (transcutaneous electrical nerve stimulation) unit, home exercise program, and surgical intervention. Medications have included Hydrocodone-Acetaminophen. A progress report from the treating physician, dated 10-13-2015, documented an evaluation with the injured worker. The injured worker reported neck and right upper extremity pain and head trauma; his neck continues to hurt; he takes Hydrocodone three or four a day; the pain goes down for an 8 out of 10 in intensity, to a 4-5 out of 10 in intensity with the medicine; he denies side effects; he is working; when he was out of Hydrocodone, he had more difficulty functioning at work; and the Hydrocodone enables him to function at work. Objective findings included sit to stand and gait are within normal limits. The provider noted that an MRI of the cervical spine, dated 09-21-2015, revealed "straightening of the normal cervical lordosis, post-surgical changes status post interbody fusion with anterior plate and screw fixation C5-6, degenerative changes with disc desiccation and disc-osteophyte complexes and facet hypertrophic changes throughout the cervical spine, most notably C3-C7 associated with bilateral neural foraminal narrowing; and mild central stenosis C4-5 related to disc-osteophyte". The provider documented that the injured worker has a signed pain medication agreement; and urine drug screen was done on 03-10-2015 and only positive for Hydrocodone. The treatment plan has included the request for Hydrocodone 10-325mg #120 x 2 refills. The original utilization review,

dated 10-30-2015, modified the request for Hydrocodone 10-325mg #120 x 2 refills, to approve Hydrocodone 10-325mg #120, with zero refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone 10/325mg #120 x 2 refills:** 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, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-Term use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months there was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Hydrocodone is not medically necessary.