

<b>Case Number:</b>	CM15-0222975		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	09/04/2005
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 59-year-old female who sustained an industrial injury on 9-4-2005 and has been treated for post-laminectomy syndrome of the lumbar and cervical regions, cervical and lumbosacral root lesions, and idiopathic peripheral neuropathy. She has had left shoulder arthroscopy and a cervical fusion. On 10-2-2015 the injured worker reported back and neck pain, joint stiffness and swelling, myalgia, numbness, weakness, and pain with walking and bending. Neck and back pain is described as severe and limiting her activities of daily living. Objective findings include right-sided antalgic and wide-based gait, assisted by a cane. Her cervical spine was noted to have revealed straightening with loss of normal lordosis, tender paravertebral muscles, right side tenderness, spasm, and trigger point on the left side. A twitch response had been observed. The spinal area was tender over C4-7, guarded, and restricted range of motion. The lumbar spine was noted to have minimal range of motion and was inhibited by pain. Tenderness was also noted over vertebral muscles and spinal areas and she had a positive seated straight leg raise on the right while sitting at 30 degrees. Documented treatment includes Lidoderm patch 5 percent, Lyrica capsules which she "sprinkles," Quazepam, Nexium, and she has been prescribed Hydrocodone-acetaminophen 7.5-325 mg in 15 ml solution up to 4 times per day as needed for pain since at least 5-22-2015. The injured worker is noted to be unable to take pills, secondary to gastric problems, so is limited to liquid hydrocodone for pain. She had been on Duragesic but has been tapered down to the hydrocodone, only. She is noted to use it "as a second line for pain," after home exercise. Medication is stated to reduce her pain from 8-9 out of 10 to 0-2 out of 10. Her urine toxicology is noted to be "as expected," CURES "appropriate," and it is documented that she meets MTUS

guidelines. She has been authorized for a functional restoration program, but has to have treatment for a gastrointestinal condition before beginning. The treating physician's plan of care includes a refill of hydrocodone-acetaminophen 7.5-325 mg in 15 ml solution, which was denied on 10-16-2015.

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

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

#### **Hydrocodone-Acetaminophen 7.5/325mg 15ml solution: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 6, Pain, Suffering, and the Restoration of Function Principles of Pain Management: and on the Non-MTUS Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/acetaminophen 7.5/325 mg, 15 ML solution is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are postal laminectomy syndrome, NEC; cervical disc disorder with radiculopathy mid cervical region; intervertebral disc disorders with radiculopathy, lumbosacral region; hereditary and idiopathic neuropathy, unspecified; and morbid obesity. Date of injury is September 4, 2005. Request for authorization is October 2, 2015. The medical record contains pages. Went to a progress note dated March 20, 2015, the treating provider prescribed hydrocodone/acetaminophen 7.5/325 mg per 15ML solution. There were no pain scores documented. According to an October 2, 2015 progress note, subjective complaints of chronic pain in the cervical and lumbar spine. The injured worker is not taking medications as prescribed. Medications include hydrocodone/acetaminophen 7.5/325 mg and 15 MLs be taken QID. The quantity is not specified. Objectively, there is decreased range of motion lumbar spine tenderness in the paraspinal muscle groups. Straight leg raising is positive. There is no documentation demonstrating objective functional improvement to support ongoing hydrocodone/acetaminophen solution. There are no subjective pain scores in the earlier documentation dated March 20, 2015. There were no detailed pain assessments or risk assessments. There is no documentation indicating an attempt to wean hydrocodone/acetaminophen solution. Based on the clinical information in the medical record

and the peer-reviewed evidence-based guidelines, hydrocodone/acetaminophen 7.5/325 mg, 15 ML solution is not medically necessary.