

<b>Case Number:</b>	CM15-0032177		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 39 year old female, who sustained an industrial injury on 4/27/2010. She reports an injury while lifting a heavy patient. Diagnoses include lumbago, lumbar spondylosis, lumbosacral degenerative disc disease, myalgia and myositis and lumbosacral neuritis/radiculitis. Treatments to date include physical therapy, TENS (transcutaneous electrical nerve stimulation), epidural steroid injection and medication management. A progress note from the treating provider dated 1/13/2015 indicates the injured worker reported left sided low back pain. On 2/9/2015, Utilization Review non-certified the request for Hydrocodone/APAP 5/325 mg #20, citing MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** The 39 year old patient presents with left-sided low back pain and left sided SI joint pain, which radiates to the left thigh, as per progress report dated 01/13/15. The request is for HYDROCODONE / APAP 5/325 mg # 20. There is no RFA for this case, and the patient's date of injury is 04/27/10. The patient's pain level is 6/10 and functionality is 5/10, as per progress report dated 01/13/15. The patient has sleep issues, secondary to pain. Current medications include Ambien, Dilaudid, Fentora and Zanaflex. Diagnoses include lumbago, unspecified myalgia and myositis, thoracic/lumbosacral neuritis and radiculitis, and lumbosacral intervertebral disc. The patient has been allowed to work as tolerated, as per the same progress report. 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 hydromorphone (another opioid) is first noted in progress report dated 10/22/13, and the patient has been using the drug consistently at least since then. The current request is for hydrocodone. However, the treater does not explain the reason for this switch. In progress report dated 11/19/14, the treater states that the patient is stable on her medication. She is working, although she has to shift her positions frequently. The patient has undergone multiple UDS tests, with the latest test being on 08/23/13. The treating physician has not documented the impact of opioids using a before and after pain scale. Additionally, the treater does not use a validated scale to demonstrate a measurable increase in function. No CURES reports are available. There is no discussion about side effects of opioids as well. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.