

<b>Case Number:</b>	CM15-0032818		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 01/27/2012. She reported slipping while going down stairs causing her to tumble down five to six steps onto her back where she remained for two hours. The injured worker was diagnosed as having severe major depression, lumbar strain, cervical strain, cervical headaches, and chronic depression. Treatment to date has included a medication regimen, x-rays of the neck and back, psychiatric and psychotherapy, chiropractic treatment, urology consultation, and laboratory studies. In a supplemental report dated 06/16/2014 the examining provider noted that the injured worker was examined on November of 2013 noting tenderness of the muscles and point tenderness with deep palpation of the thumb. The report noted that as of May of 2012 the injured worker continued use of narcotic pain medications, but the documentation provided did not note the use of the medication Hydrocodone/Acetaminophen and did not contain any recent documentation indicating use of Hydrocodone/Acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP 10/8325mg #100 with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Hydroco/APAP 10/8325mg #100 with 0 refills is not medically necessary.