

<b>Case Number:</b>	CM15-0033188		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	10/24/2007
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/17/2015
<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: New Jersey

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 63 year old male, who sustained an industrial injury on October 24, 2007. He has reported an injury due to a foreign object flying into his eye while working on a backhoe. Accepted body parts include: right eye, psyche, neck, and headaches. The diagnoses have included cervical sprain/strain. Treatment to date has included retinal eye surgery, and medications. Currently, the IW complains of neck pain with radiation into the shoulders. He denies numbness or tingling. He reports the pain level as 8/10. He reports a 5/10 pain level to the low back. Physical findings are noted as tenderness of the lumbar and cervical spine areas. He is noted to have been on Norco 10/325mg in May 2014, and a Utilization Review on May 22, 2014, indicates weaning may be necessary at that time. In November 2014, the provider indicates he was to be re-started on Norco 5/325mg after discontinuation of Ibuprofen. On February 17, 2015, Utilization Review modified certification of Hydrocodone-APAP 5/325mg #100, for purposes of taper for discontinuation over the course of the next 2-3 months (QTY:100.00). The MTUS guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Hydrocodone-APAP 5/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodon-Acetaminophen 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76, 77, 78, 43, 74,86,80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence of this complete review regarding hydrocodone use was completed near the time of this request for renewal. In particular there was no report on any measurable pain reduction or functional gains directly related to hydrocodone use. Therefore, without periodic clear documented evidence of benefit, the hydrocodone will be considered medically unnecessary at this time.