

<b>Case Number:</b>	CM15-0034141		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/27/2015
<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: 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 38 year old female who sustained an industrial motor vehicle accident injury to her head, neck and back on October 22, 2011. The injured worker underwent a cervical fusion on June 10, 2014. The injured worker was diagnosed with radicular syndrome of the lower extremities and cervical cord syndrome. According to the primary treating physician's progress report on December 29, 2014 the injured worker is making good progress post cervical fusion. The injured worker developed some shoulder pain with aggressive physical therapy and modifications were made. Current medications consist of Hydrocodone, Lorazepam and Gabapentin. Treatment modalities consist of physical therapy (post op sessions) with home exercise program. The injured worker remains on temporary total disability (TTD). The treating physician requested authorization for Hydrocodone/APAP Tab 5-325mg Qty 30 Day Supply 30. On January 27, 2015 the Utilization Review modified the certification from Hydrocodone/APAP Tab 5-325 MG Qty 30 Day Supply 30 to Hydrocodone/APAP Tab 5-325mg #25 for tapering and discontinuation. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP Tab 5-325 MG Qty 30 Day Supply 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

**Decision rationale:** According to the 12/29/2014 report, this patient presents with neck and back pain. The current request is for Hydrocodone /APAP Tab 5-325mg Qty 30 Day Supply 30 and Utilization Review modified to #25 for tapering and Discontinuation. The request for authorization is not included in the file for review and the patient's work status is "TTD." For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's: analgesia, ADL's, adverse side effects, and adverse behavior are required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain. The time it takes for medication to work, duration of pain relief with medication, etc. The medical reports provided for review indicates this medication was first mentioned in the 12/05/2014 report; it is unknown exactly when the patient initially started taking this medication. The treating physician does not document any pain assessment and there is no documentation to show that opiate usage has improved the patient's function. No specific ADL's or return to work is discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. In this case, the treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.