

<b>Case Number:</b>	CM15-0034293		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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:

This 32-year-old male sustained a work related injury on 03/27/2014. According to a progress report dated 01/23/2015, the injured worker presented for follow-up of neck and low back pain secondary to lumbar disc displacement, lumbosacral spondylosis, lumbar spinal stenosis and strain of the cervical and thoracic spine. He had completed 6 sessions of physical therapy so far and was feeling more mobile. He reported that he still had an increase in his back pain and was worse in the axial back. There was intermittent numbness and tingling in the left lower extremity especially with sitting and with prolonged walking. The injured worker requested an increase on Norco. It provided him with 50 percent reduction in pain. Diagnoses included lumbar disc displacement without myelopathy, spondylosis lumbosacral, stenosis spinal lumbar, sprain and strain of neck and sprain strain thoracic region. The treatment plan was discusses and the injured worker requested to remain with the use of Norco without change. Work was restricted to lifting 10 pounds, completely restricted in squatting and kneeling, restricted to alternating between standing and sitting as needed by pain and restricted to no crawling and no climbing of stairs and ladders. The progress reports submitted for review consistently noted that the injured worker experienced a 50 percent reduction in his pain with the use of Norco. On 02/20/2015, Utilization Review modified Hydrocodone/Apap 10/325mg #90. According to the Utilization Review physician, the injured worker has been on chronic opioid therapy for over a year, which is generally unsupported in the absence of clinical evidence of quantified pain or functional improvement or a return to work unless there are extenuating circumstances. There were no extenuating circumstances in the injured worker's case and the exam finding included no

significant findings. The reports consistently noted a 50 percent reduction in pain, however pain values were not quantified and subjectively the complaints were unchanged with an onset of increased foot pain. There was also a lack of demonstrable and quantified evidence of meaningful functional benefits because of long-term use. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

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

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

**Hydrocodone/Apap 10/325mg #90:** Upheld

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

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

**Decision rationale:** Based on the 02/20/15 progress report, the patient presents with neck and low back pain. The request is for HYDROCODONE/APAP 10/325MG #90. The patient's diagnoses included lumbar disc displacement, spondylosis lumbosacral, stenosis spinal lumbar, sprains and strains of neck and sprains and strains of thoracic region. The treater reports that the patient continues use of Norco, which decreases his pain by 50%. Current medications include Norco, Naproxen and SalonPas large patch. The patient is temporarily totally disabled, as his work restrictions are not being accommodated, per treater report, 02/20/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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." Per progress report dated 02/20/15 treater states, "He is able to stand and walk for longer periods of time without having to stop and rest, he can better tolerate activities including his exercise program." Per same report, the patient underwent a semi-quantitative urine drug screen and treater states the results will be available at his next visit. Norco was included in medical reports provided from 04/01/14 through 02/20/15. MTUS requires appropriate discussion of the 4A's. In this case, the treater has discussed ADL'S and UDS. However, there is no analgesia discussed using before and after pain scales for example. No validated instruments are used and no outcome measures are provided to show significant improvement. While some ADL's are mentioned, the improvements are no quantified and no return to work. The request IS NOT medically necessary.