

<b>Case Number:</b>	CM15-0048757		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/23/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 48 year old female, who sustained an industrial injury on 8/23/2001. The current diagnoses are spasm of muscle, ankle joint pain, and peripheral neuropathy. According to the progress report dated 3/3/2015, the injured worker complains of left lower extremity pain. Per notes, she took a one-week trip and left her Gabapentin at home, now she is experiencing severe burning pain, cramping, and dysesthesias. The pain is rated 3/10 with medications and 10/10 without. The current medications are Gabapentin and Tizanidine. Treatment to date has included medication management. The plan of care includes Hydrocodone-Acetaminophen 10/325mg and Gabapentin 600mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen 10/325 mg Qty 240, take 2 tabs by mouth 4 times daily as needed:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 03/03/15 with left lower extremity pain. The patient's date of injury is 06/23/01. Patient has no documented surgical history directed at this complaint. The request is for HYDROCODONE-ACETAMINOPHEN 10/325MG QTY: 240, TAKE 2 TABS BY MOUTH 4 TIMES DAILY AS NEEDED. The RFA is dated 03/03/15. Physical examination dated 03/03/15 reveals pain with active and passive movement of the left lower extremity at the ankle. No other positive physical findings are included. The patient is currently prescribed Gabapentin, Tizanidine, and Norco. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids: Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's intractable pain, the request appears reasonable. Progress report date 03/03/15 reports a 70 percent reduction in pain attributed to medications, and provides specific functional improvements. The note states that this patient's medications allow her to perform social activities, hobbies, and improves her self-care activities, as well. The same progress note documents a lack of aberrant behavior and consistent urine drug screens to date, though the toxicology reports were not provided. Given the documentation of pain relief, functional improvement, consistent UDS, and a lack of aberrant behaviors or adverse effects as specified by MTUS continuation of this medication is appropriate. The request IS medically necessary.