

<b>Case Number:</b>	CM15-0057734		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/18/2005
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 63 year old male, who sustained an industrial injury on 7/18/2006. The injured worker was diagnosed as having chronic low back pain. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of chronic low back pain and requested a medication refill of his pain medication. He reported that simple activities, such as walking the dog or doing garden work, aggravated his pain. He reported that without medication, he could only do an hour of activity during the day. He reported that if he did not take medication at bedtime, his sleep was interfered with. He stated an average of 2 pills per day. Current medication included Hydrocodone/Acetaminophen 10/325mg. He was documented as retired. Current illicit drug use was documented. His body mass index was 34.56%. Physical exam noted fairly good range of motion with some pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325MG #120:** 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 Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with low back pain. The request is for Hydrocodone/APAP 10/325mg #120. The request for authorization is dated 03/12/15. Physical examination to the lumbar spine reveals, from a standing position he can flex with his fingertips just below the knees but he does get back discomfort when he does this. The same with extension he has fairly good range of motion but it does cause him pain. He finds that just trying to do something simple can aggravate his pain, such as walking to dog or walking around the garden. Also, the pain will interfere with his sleep if he does not take a pain med at night. Patient's medications include Zestril and Hydrocodone/Apap. Per progress report dated 03/12/15, the patient is retired. MTUS Guidelines pages 88 and 89 states, "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 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, maximum dose for Hydrocodone, 60mg/day. Per progress report dated, 03/12/15, treater's reason for the request is "for the pain. Although the medication does not make him pain free. It allows him to tolerate the discomfort so that h can do some simple activities around the house." The patient is prescribed Norco since at least 02/19/14. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.