

<b>Case Number:</b>	CM15-0059420		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	11/19/2004
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 47 year old male, who sustained an industrial injury on 11/19/04. He reported pain in the lower back. The injured worker was diagnosed as having lumbar disc displacement, lumbago and post laminectomy syndrome. Treatment to date has included a lumbar MRI, spinal cord stimulator and pain medications. On 9/23/14, the injured worker reported 7/10 pain in his back, but he continues to work full-time. As of the PR2 dated 12/31/14, the injured worker reports about 30% pain relief from his spinal cord stimulator. He takes Norco for breakthrough pain so that his pain is reduced to 60% and he can tolerate work. The treating physician requested (retrospective from 12/31/14) hydrocodone/APAP 5/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Hydrocodone/APAP 5/325mg #30 (DOS 12/31/2014):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review indicates that the injured worker reported persistent pain in the back rated 6-7/10 on VAS. The injured worker stated that with the use of Hydrocodone his pain level was reduced by about 60%. He continues to work full time as an independent contractor and is able to tolerate this generally well. He stated that with the use of medications including Hydrocodone, he was able to do activities of daily living with less pain. It was documented that UDS conducted on 11/19/14 was negative for opioids, which was consistent as the injured worker uses Norco on PRN basis. DEA CURES report dated 8/15/14 indicated that the injured worker was receiving narcotics only from the treating physician's office. Opioid contract was signed and on file dated 3/1/06. This documentation may not have been available to the UR physician. As ongoing opiate therapy is supported as it permits the injured worker to continue working, the retrospective request is medically necessary.