

<b>Case Number:</b>	CM15-0089421		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/24/2010
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal Medicine

### 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 49-year-old female, who sustained an industrial injury on 1/24/10. The injured worker was diagnosed as having lumbar disc prolapse with radiculopathy, degeneration of lumbosacral intervertebral disc, chronic pain syndrome and osteoarthritis of knee. Treatment to date has included right knee arthroscopic meniscectomy, oral medications including Ativan, Hydrocodone and Oxycodone, lumbar epidural steroid injections, right total knee replacement, physical therapy and home exercise program. Currently, the injured worker complains of muscle aches, muscle weakness, arthralgias/joint pain, back pain and swelling of toes and knees. Physical exam noted restricted range of motion of lumbar spine with tenderness to palpation over the lower lumbar and sacral spine and SI joint and sensation intact. The treatment plan included refilling Hydrocodone 10/325mg, OxyContin 20 mg and an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg, #150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** Hydrocodone 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long-term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation provided does not support that the patient has had a meaningful decrease in pain or improved function while taking this medication. Continued use is not medically necessary.

**Oxycodone ER 20mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** According to the MTUS, management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation provided does not support that the patient has had a meaningful decrease in pain or improved function while taking this medication. Continued use is not medically necessary.