

<b>Case Number:</b>	CM14-0116099		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/25/1998
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 3/25/1998. Per primary treating physician's progress report dated 8/5/2014, the injured worker is not sold on his chiropractor's modality of treatment. It is different from what he has had in the past. He is going to contact a few other chiropractors to see what their treatment protocol is. He was issued co-packs of Norco with Theramine for his chronic back pain. Time was taken during the evaluation reviewing the injured worker's home exercise program with him.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60 (Rx 07/06/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The medical reports minimal pain

improvement with the use of opioids, and do not indicate that function has improved as a result of the use of opioids. The injured worker has been injured for over 16 years. He has a home exercise program and attends chiropractor visits. The requesting physician reports on 7/8/2014 that extended use of Norco is for his chronic back pain. Review of the medical reports back to 1999 indicates that the injured worker had reached maximum medical improvement by 2001, and periodic use of muscle relaxants and anti-inflammatory medications may be indicated for flare-ups. The injured worker continues to be treated with opioids without evidence of improvement in symptoms or function. Ongoing assessments for continued need of opioids and screening for aberrant drug behavior is not evident. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Hydrocodone 10/325mg #60 (Rx 07/06/2014) is determined to not be medically necessary.