

<b>Case Number:</b>	CM14-0125040		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/01/2001
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The injured worker is a 69-year-old male who sustained an injury on 11/01/01. On 4/2/14 he presented with pain which was isolated over his left SI joint and pain in his right shoulder with associated neck pain. On exam he continued to have pain along the left lower back along his left SI joint with provocative exam maneuvers which exacerbated his pain. He had pain in his right shoulder with elevation and palpation and pain radiated into his distal right upper extremities along possibly in C6-C7 distributions. He had a palpable notch and scapula from a deep bony defect from a prior surgery to release his suprascapular nerve. EMG studies from 8/28/14 revealed evidence of moderate subacute-chronic right C6-8 radiculopathy, moderate bilateral carpal tunnel syndrome affecting sensory and motor components, bilateral mild compression ulnar neuropathy, and sensory demyelinating peripheral neuropathy of bilateral upper extremities. He is status post L1 through extreme lateral interbody fusion with minimally invasive posterior decompression and stabilization on 12/17/13. He is currently on Lyrica and previous treatment included conservative care, TENS unit, and SI joint injections. Diagnoses include lumbago, sacroiliitis (not otherwise classified), lumbar/lumbosacral neuritis (not otherwise specified), and cervical disc displacement. The request for Hydrocodone/Acetaminophen 10-325mg #100 Refills 3 was denied on 7/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10-325MG #100 Refills 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 91, 74.

**Decision rationale:** Hydrocodone + Acetaminophen are indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Therefore, Hydrocodone/Acetaminophen 10-325MG #100 Refills 3 is not medically necessary.