

<b>Case Number:</b>	CM14-0129525		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 63-year-old male with a 6/12/09 date of injury, when he stepped on a pallet and was lifted by a forklift causing him to fall and sustained injuries to his face, neck, elbow and shoulder. The progress report dated 7/01/14 stated that the patient was taking Norco and it helped him with his spasms and activities of daily living and reduced his pain by approximately 50% and decreased the pain from 6-7/10 to 3-4/10. The patient stated that his tolerance for walking or standing was limited to 5-10 minutes with the medication. The patient was seen on 8/1/14 with complaints of depressed mood and anhedonia, poor concentration, poor attention and memory, irritably and episodic suicidal ideation without a plan or intent to kill himself. The patient reported less intense headaches, the same back pain, less intense nausea, chills, cramps and itching in the extremities. The exam findings revealed depressed and anxious mood with impaired attention. The patient was taking Norco and other medications. The patient was seen by psychologist on 8/1/14 with complaints of pain, lack of energy, motivation and lack of interest. The progress note stated that the patient had neuropsychological evaluation on 6/30/14 and his cognitive slowness was due to depression and medications rather than to neurological injury to his brain. Exam findings revealed the patient alert and oriented x3. The diagnosis is major depressive disorder, pain disorder, chronic back pain, lumbar disc degenerative disorder, and insomnia. Treatment to date: physical therapy, home exercise program, psychotherapy, work restrictions and medications. An adverse determination was received on 7/9/14. The request for Hydrocodone/APAP 10-325 Mg days 30Qty 90 was modified to Hydrocodone/APAP 10-325 Mg days 30Qty 60 for weaning off over next 3 months given that there was no evidence of any attempts of weaning to intermittent use and the amount prescribed was actually more than that mentioned in the report. In addition, there was no evidence that there had been a trial of first-line

medications for neuropathic/radicular pain and that the use of opioids in the context of severe depression was of concern and increased the morbidity and mortality risks of use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone/APAP (10-325mg, for 30 days, #90): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated that the patient was utilizing Norco at least from 3/20/14 however, given the 2009 date of injury, the duration of opiate use to date is not clear. In addition, the records stated that the patient's tolerance for walking and standing was limited to 5-10 minutes with the medication and a recent drug screen test was not available for the review. Lastly, the UR decision dated 7/9/14 modified the request for Hydrocodone/APAP 10-325 Mg days 30Qty 90 to Hydrocodone/APAP 10-325 Mg days 30Qty 60 for weaning off of medication. Therefore, the request for Hydrocodone/APAP 10-325 Mg days 30Qty 90 was not medically necessary.