

<b>Case Number:</b>	CM14-0142240		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/15/1996
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Neurology, 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 (IW) is a 65 year-old female with a reported date of injury on 8/15/1996. No mechanism for injury is provided. Only one medical record is provided for review: a clinical encounter dated 9/16/2014. The IW reports persisting bilateral low back pain with radiating symptoms consistent with right L5 distribution, and stiffness and spasm in the low back. The pain is noted as constant but variable in intensity. Physical exam reveals normal bilateral reflexes, no sensory or focal motor deficits, and negative straight-leg raise exam bilaterally. The diagnoses of record are lumbar spinal stenosis without neurogenic claudication, lumbosacral spondylosis without myelopathy, and lumbar degenerative disk disease. The record indicates that the IW has been using etodolac (400 mg twice daily) for many years and reports 40% reduction of pain symptoms with notes of gastrointestinal complaints. Lidoderm patches are reported as having been effective, as had a previous epidural steroid injection (no date specified). The assessment/treatment plan included in the 9/16/2014 report states that hydrocodone/acetaminophen 5/325 mg (1 tablet twice daily as needed for 30 days with one refill) was prescribed ("called to pharmacy") on 2/26/2014. A Utilization Review (UR) dated 7/31/2014 indicates that a request for authorization (dated 7/28/2014) for continuing this regimen as described above was not certified. The UR notes that multiple urinary drug toxicology tests (UDTs) had been submitted where results were negative for hydrocodone, the most recent of which dated 7/21/2014. The UR further states that the prescribing physician had noted specifically that, "going forward," "further fills for hydrocodone will not be provided." Finally, the UR warned that "any further fills of hydrocodone should be red-flagged," that downward titration is not warranted, and that "any further fills of opioids from any provider should be red-flagged as the claimant had demonstrated noncompliance with regard to scheduled opioid medications." An appeal to this decision was filed on 9/10/2014, and the 9/16/2014 medical

report was submitted subsequently, with note that the previous use of Vicodin provided moderate improvement, and that the IW had been using the medication on an "as needed" basis only. The IW claims that is was for this reason that UDT reports were negative for hydrocodone. There were no other previous medical reports submitted, and the 9/16/2014 report does not indicate results from any previous UDTs nor dates for which they had been conducted.

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

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

**Hydrocodone 5mg/ Acetaminophen 325mg table #60:** 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 Opioids Page(s): 74 - 96.

**Decision rationale:** The Utilization Review indicates that there has been a history of drug toxicology tests consistently reporting non-utilization of this prescribed medication. While the provider states that the IW has not been taking the medication daily but only "as needed" -- thereby accounting for the drug's absence in toxicology tests -- there are no additional medical reports provided for this review which might indicate that the provider has been monitoring the IW's opioid treatment for efficacy or compliance by any other means recommended by the MTUS Guidelines for managing the on-going use of opioid medications which might substantiate the IW's proper use of the drug. For example, the MTUS states that a wide range of outcomes should be evaluated during treatment, including measures of functional improvement specific to use of the opioid, evidence of appropriate medications-use, and monitoring of side-effects. Pain assessments should include specific evaluations of efficacy which detail the pain intensity at time of use, time to pain relief, intensity of pain upon relief, and duration of pain relief. (Outcome measures, p. 81) While not required, a signed pain treatment contract would communicate the basis for specific treatment goals and medication-use and clarify measures to be used to substantiate that the medication is being used appropriately, such as requiring un-used pill counts at regularly scheduled sequential office visits or requesting the IW to keep a pain diary (with notes of pill-use, time-to-relief, and duration-of-relief, pain triggers -- see MTUS Opioid On-going management, p. 78). There is no mention of an opioid treatment contract. The single 9/16/2014 report submitted for review does not substantiate that the IW's opioid treatment is being managed according to the MTUS Guidelines and does not establish evidence that the IW is using the medications appropriately. There is insufficient detail provided in the treatment plan dated 9/16/2014 to indicate how compliance will be measured with future use of this medication as it has been prescribed. Use of this medication specific to efficacy and functional improvements with its prior use has not been established. Finally, without any other evidence to substantiate the IW's appropriate use of this drug, previously failed urinary drug toxicology tests must be considered as significant evidence for opioid-use noncompliance. Therefore the request is not medically necessary.