

<b>Case Number:</b>	CM14-0147268		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/07/2001
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 & Rehabilitation and is licensed to practice in Alabama. 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 patient is 63 year old male who was injured on 05/07/2001. The mechanism of injury is unknown. Prior medication history included hydrocodone, acetaminophen, and Gabapentin. Toxicology report dated 02/11/2014 revealed positive results for hydrocodone with a cutoff of 100 and results revealed 122. Toxicology report dated 07/02/2014 indicated hydrocodone but was not detected. Progress report dated 07/02/2014 indicates the patient presented with symptoms of chronic pain in the right elbow but also right neck and upper back with guarding. He reported his medications are effective decreasing his pain score from 8/10 to 5/10. On exam, there is tenderness to palpation of the paracervicals; trapezius, levator scapulae, and the rhomboid and trapezius trigger point pain. There is tenderness of eth C6 paraspinous process and the C7 spinous process. Active range of motion elicits pain. The patient is diagnosed with neck pain, brachial neuritis, backache, reflex sympathetic dystrophy of the lower limb and complex regional pain syndrome. The patient was recommended and prescribed hydrocodone/acetaminophen 10/325 mg #120. Prior utilization review dated 08/11/2014 states the request for Hydrocodone/Acetaminophen 10/325mg #120 is modified to certify #54 as medical necessity has been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/ACETAMINOPHEN 10/325MG #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Page(s): 74-97.

**Decision rationale:** The above MTUS guidelines for on-going opioid management states "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opi oids: 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, progress report from 7/2/14 addresses the 4 A's in stating "Current meds continue effective in reducing his pain, assisting his ADL's and mobility as well as his restorative sleep, improving his quality of life. No significant side effects. He consistently reports pain levels reduced from 8/10 to 5/10... Patient signed a Pain Management Agreement with our practice when he initially came under our care and updated 7/08/14. We routinely perform random urine drug testing to monitor compliance." Toxicology note from 6/4/14 and 7/2/14 is consistent with medications he should be on. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.