

<b>Case Number:</b>	CM14-0156098		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/14/1996
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 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:

According to the records made available for review, this is a 63-year-old female with a 12/14/96 date of injury. At the time (9/10/14) of the Decision for 1 prescription of Hydrocodone/APAP 7.5/325mg #95, there is documentation of subjective (low back, neck, right hip, and right shoulder pain) and objective (antalgic gait, restricted cervical and lumbar spine range of motion, and tenderness over upper thoracic and lumbar spine muscles) findings, current diagnoses (cervical spondylosis, displacement of cervical/lumbar intervertebral disc, lumbar post laminectomy syndrome, fibromyalgia syndrome, brachial neuritis, and spondylolisthesis), and treatment to date (medications (including ongoing treatment with Lyrica and Hydrocodone/APAP)). Medical reports identify a CURES that is consistent and appropriate, that the patient has functional gains including assisting with activities of daily living and mobility with current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Hydrocodone/APAP 7.5/325mg, #95:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis, displacement of cervical/lumbar intervertebral disc, lumbar post laminectomy syndrome, fibromyalgia syndrome, brachial neuritis, and spondylolisthesis. In addition, there is documentation of ongoing treatment with Hydrocodone/APAP. Furthermore, given the documentation of CURES that is consistent and appropriate, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that patient has functional gains including assisting with activities of daily living and mobility, there is documentation of functional benefit and increase in activity tolerance as a result of Hydrocodone/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Hydrocodone/APAP 7.5/325mg, #95 is medically necessary.