

<b>Case Number:</b>	CM14-0157460		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	05/27/2004
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 a 43-year-old woman who sustained a work-related injury on May 27, 2004. Subsequently, she developed low back, neck, and shoulder pain. The patient underwent a C5-6 fusion in 2007 followed by a left shoulder arthroscopy in 2008. According to the progress report dated July 24, 2014, the patient reported ongoing neck pain and headaches, with worsening left arm pain and numbness. She has occasional left hand symptoms to a similar degree and intensity with work activity. She reported daily left shoulder pain with limited range of motion. She also reported increasing left low back pain and spasms, which is not responding to Fexmid. Also she has worsening left posterior leg pain extending to the foot with numbness and weakness. The pain score is 8/10 without medications and 4/10 with medications. Physical examination demonstrated cervical and lumbar tenderness with reduced range of motion. Spurling maneuver was positive centrally. Sitting straight leg raise test was positive. There is no paraspinal muscle spasm. Sensory examination showed decreased sensation in the left C5-7 dermatoma, and left L4-S1 dermatoma. Deep tendon reflexes in the upper and lower extremities were normal bilaterally. The patient was treated with Norco, Ibuprofen and Baclofen without full pain control. The patient was diagnosed with lumbar degenerative disc disease, left rotator cuff syndrome, left shoulder arthritis, interstitial myositis, brachial neuritis, post laminectomy syndrome cervical region, and degeneration of cervical intervertebral disc. The provider requested authorization for Hydrocodone/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12ed. McGraw Hill 2010

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, Hydrocodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no clear documentation of the efficacy/safety of previous use of Hydrocodone. There is no clear justification for the need to continue the use of hydrocodone. Therefore, the prescription of hydrocodone/APAP 5/325mg is not medically necessary at this time.