

<b>Case Number:</b>	CM14-0161739		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	07/26/1996
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Acupuncture & Pain Medicine 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:

52 year old male injured worker has a date of injury 7/26/98 with related low back pain and lower extremity pain. Per progress report dated 9/11/14, the injured worker reported tingling, numbness, and weakness in both lower extremities. The injured worker reported that his spinal cord stimulator did not provide much benefit. Per physical exam of the lumbar spine, decreased forward flexion and pain with lateral motion were noted. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included spinal cord stimulation (SCS) and medication management. The date of UR decision was 9/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded hydrocodone tablet 10mg for chronic low back pain #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids, "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any 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. "Review of the available medical records reveals no documentation to support the medical necessity of hydrocodone or any documentation addressing the '4 A's' domains. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Urine drug screening (UDS) dated 6/2013 was consistent with prescribed medications, and it was noted that his CURES reports were consistent. However, as MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.