

<b>Case Number:</b>	CM14-0163652		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/11/2010
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 is a 53-year-old male who reported an injury on 04/11/2010. The mechanism of injury was not provided. He was diagnosed with thoracic spine myofascial pain syndrome. His past treatments included acupuncture therapy and medications. On 08/28/2014, the injured worker reported mid/upper back pain and right shoulder/arm pain. He rated his mid/upper back pain as 7/10. Upon physical examination of his thoracic spine, he was noted to have restricted range of motion and tenderness to palpation over the paraspinal muscles. His current medications were not provided. The treatment plan included acupuncture. A request was received for hydrocodone/APAP 10-325 mg, days' supply 15, quantity 50; however, the rationale for the request was not provided. The Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10-325mg, 15 days' supply, Quantity 50:** Upheld

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

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

**Decision rationale:** The request for hydrocodone/APAP 10-325 mg, 15 days' supply, quantity 50, is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines specify that an adequate pain assessment should include current pain levels; 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 the pain relief lasts. The injured worker was noted to be on hydrocodone/APAP since at least 04/2014. His pain was noted to be 7/10; however, it was not noted whether that was with medications or without. The documentation submitted for review did not indicate that the use of hydrocodone/APAP has helped him significantly with pain relief and increased ability to perform activities of daily living. Therefore, adequate pain relief and improved function have not been established. There is evidence of consistent results on a urine drug screen on 06/26/2014, verifying appropriate medication use; however, the request, as submitted, did not specify a frequency of use. Based on this documentation, continued use of hydrocodone/APAP is not supported by the guidelines. As such, the request is not medically necessary.