

<b>Case Number:</b>	CM15-0010602		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female, who sustained an industrial injury on 2/25/2009. The diagnoses have included post lumbar laminectomy syndrome, low back pain, lumbar disc with radiculitis and degeneration of lumbar disc. Treatment to date has included acupuncture, surgical intervention and pain medications. Surgical history included lumbar surgery. According to the progress note dated 1/6/2015, the injured worker had complaints of right lower back pain which radiated to the buttocks down the anterolateral aspect of her leg. She reported persistent back and leg pain. Current medications included Hydrocodone/APAP, Tizanidine, Voltaren Topical, Ketoprofen and Atenolol. Physical exam revealed the lumbar spine restricted in all planes with increased pain. Muscle guarding was also noted. A urine drug screen sample was provided at the visit. Treatment plan was to refill Hydrocodone/APAP tablet 5/325, one tablet orally, daily as needed, 60 days with no refills. On 1/13/2015, Utilization Review (UR) modified a request for Hydrocodone with Acetaminophen 5/325mg, one tablet orally daily as needed #60, 60 days with zero (O) refills to Hydrocodone with Acetaminophen 5/325mg #30 with zero refills, noting that there was a lack of documentation of quantified numerical pain relief, side effects, physical and psychosocial functioning or aberrant behavior. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone with Acetaminophen 5/325 milligrams tab orally daily as needed, #60, 60 days with 0 refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

**Decision rationale:** According to the 01/06/2014 report, this patient presents with low back and bilateral lower extremity pain, right > left. The current request is for Hydrocodone with Acetaminophen 5/325 milligrams tab orally daily as needed #60, 60 days with 0 refill. This medication was first mentioned in the 06/09/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 01/08/2014. The patient's work disability is Temporary partially disabled with the limitations of no pushing, pulling, or lifting more than 5 to 10 lbs with occasional back bending and twisting activities. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the documentation provided by the treating physician from 06/09/2014 to 01/06/2015 does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's is discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.