

<b>Case Number:</b>	CM15-0015916		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 23 year old male patient, who sustained an industrial injury on 08/06/2014. A follow up note dated 01/09/2015 reported the patient with subjective complaint of pain to his neck, mid and lower back, left shoulder, left hand and lower extremities all of which are associated with a radiating pain in the posterolateral thigh and anterior knee. There is tingling noted to the bilateral feet, along the plantar aspect. The treatment to date has included rest, medications and physical therapy. He takes the following medications; Cyclobenzaprine and Hydrocodone/APAP 10/325 MG. Radiologic magnetic resonance imaging performed on 08/07/2014 revealed a C5-C6 degenerative disc disease with left paracentral protrusion with possible impingement of the exiting nerve root. There is degenerative disc disease at C4-5 and C6-7. The following diagnoses are applied; pain in cervical spine; pain in thoracic spine; degeneration of cervical intervertebral disc; degeneration of lumbar intervertebral disc and pain in the lumbar spine. a request was made for Hydrocone/APAP 10/325 MG. On 01/16/2015 Utilization Review non-certified the request noting the CAMTUS, ACOEM Guideline, Hydrocodone was cited. The injured worker submitted an application on 01/27/2014 for independent medical review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. As such, the question for hydrocodone/ APAP 10/325mg # 120 is not medically necessary.