

<b>Case Number:</b>	CM15-0113229		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	07/10/1999
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, Pain Management

### 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 74 year old, female who sustained a work related injury on 7/10/99. The diagnoses have included lumbar spondylosis, right lumbar radiculopathy and neuropathic pain. Treatments have included lumbar facet joint injections with "excellent" results, medications and a selective lumbar nerve block. In the Progress Note dated 2/20/15, the injured worker complains of lower back pain. She is having numbness, tingling and pain sensations in the right leg and foot. She states these symptoms are getting worse. She rates her pain as moderate and describes it as achy and tender. She rates her pain level a 2/10. She states pain level can be up to 4/10 at its worst. She states that the medications give her moderate relief. She states the pain interferes with her walking, sleep and social activities. Examination reveals tenderness to palpation in lumbar spine. She has allodynia to touch over medial aspect of the right leg below the knee and the medial aspect of the foot. She has a positive right straight leg raise. The treatment plan includes a prescription refill of hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325 mg Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Although there did not appear to be adequate monitoring for aberrant behaviors, checking for side effects, and documentation of pain scores, it is necessary to demonstrate functional improvement while on narcotics especially if they are being utilized long term. Based on this, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.