

<b>Case Number:</b>	CM15-0173708		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	07/10/2007
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 54 year old female, who sustained an industrial injury on 07-10-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain and left hip pain. Medical records (01-20-2015 to 08-13-2015) indicate ongoing low back pain, left hip and knee pain as well as increased anxiety and depression. Records also indicate no changes in activities of daily living or quality of life. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exams, dated 07-02-2015 and 08-13-2015, revealed continued pain (without ratings) and continued guarding and spasms in the lumbar region. Relevant treatments have included an L2-5 decompression surgery with laminectomy, left hip replacement (2015), lumbar epidural steroid injections (03-2015) with about 50% improvement lasting 2 months, physical therapy (PT), work restrictions, and pain medications (hydrocodone-APAP since at least 12-2014). It was noted in the progress reports that the injured worker had reduced the number of Norco she was taking daily with the intension of transitioning to non-steroidal anti-inflammatory drugs (NSAIDs). The available diagnostic test results included x-rays of the left hip and left knee (2014) showing severe osteoarthritis of the left hip and mild osteoarthopathy of the left knee. The request for authorization (08-20-2015) shows that the following medication was requested: hydrocodone-APAP 10-325mg #90. The original utilization review (08-27-2015) denied hydrocodone-APAP 10-325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking opioids for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone/APAP 10/325mg #90 is determined to not be medically necessary.