

<b>Case Number:</b>	CM15-0174993		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 30 year old female, who sustained an industrial injury on 03-26-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, and left knee and ankle sprains. Medical records (01-22-2015 to 06-22-2015) indicate ongoing constant left knee and ankle pain with a pain rating of 10 out of 10, which is reduced to 4-5 out of 10 with medications. There is also ongoing tenderness in the lumbar spine, tenderness to the left knee lateral joint line, and left lateral malleolus. Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW has returned to work. The physical exams, dated 01-22-2015 and 06-22-2015, revealed continued constant pain to the lumbar spine rated 10 out of 10 and reduced to 4 out of 10 with medications. The most recent objective exam revealed continued moderate tenderness to the lumbar spine, left knee lateral joint line tenderness, and tenderness to the left lateral malleolus. Relevant treatments have included physical therapy (PT), acupuncture, work restrictions, and medications. Previously medications prescribed include: tramadol, nortriptyline, Duexis, ibuprofen, Tylenol, Naprosyn, and Flexeril. Medications reported on the 01-2015 PR included Vicodin 5-325mg and amitriptyline. Medications prescribed on the 06-2015 PR included hydrocodone-APAP 7.5-325mg and amitriptyline. There were no recent urine drug screening results or discussion of results. It was also noted on the 06-22-2015 PR that the injured worker was last seen in 01-2015 with no changes. The current request for authorization was not available for review; however, the PR (06-22-2015) shows that the following medication was requested: hydrocodone-APAP 7.5-325mg. The original utilization review (08-24-2015) denied a request for hydrocodone-APAP

7.5-325mg based on the absence of documented failure of first-line agents, and lack of functional improvement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone/APAP 7.5/325mg:** 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, criteria for use.

**Decision rationale:** Hydrocodone is an opioid analgesic. According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for hydrocodone. It was stated in the 6/22/15 progress note that the patient's pain was 10 out of 10 reduced to 4 out of 10 with medications but this worker is on both hydrocodone and amitriptyline and it is not clear that the pain reduction can be attributed to hydrocodone. There was no discussion of functional improvement in response to hydrocodone. It was stated at the 6/22/15 visit that there had been no change since the last visit in January 2015. There is also no discussion of the presence or absence of side effects or the presence or absence of aberrant drug behavior. Therefore, the request is not medically necessary.