

<b>Case Number:</b>	CM15-0178728		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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

### 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 46 year old male, who sustained an industrial injury on September 17, 2012. He reported neck pain and low back pain. The injured worker was diagnosed as having chronic cervical sprain, cervical disc bulges, chronic lumbar strain and left Achilles pain secondary to an antalgic gait pattern. Treatment to date has included diagnostic studies, acupuncture, chiropractic care, medications and work restrictions. Currently, the injured worker continues to report neck pain and low back pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on April 8, 2015, revealed continued pain as noted. He rated his back and neck pain at 5-6 on a 1-10 scale with 10 being the worst. He reported it was frequent and unchanged since the last visit. He reported new pain in the left Achilles secondary to an antalgic gait that he rated at 6 without medications and 3 with medications on a 1-10 scale with 10 being the worst. It was noted he had tenderness to palpation of the cervical and lumbar spine paraspinal muscles. It was noted there was a slight antalgic gait pattern and decreased strength of the left lower extremity. Norco was continued. Evaluation on July 22, 2015, revealed continued pain as noted. He rated his cervical pain at 3 and his lumbar pain at 4 on a 1-10 scale with 10 being the worst. He noted the cervical pain was intermittent and better and the lumbar pain was constant and better. He now reported left shoulder pain rated at 4 on a 1-10 scale with 10 being the worst. He noted the current chiropractic care was helpful. Norco was continued. The RFA included a request for Hydrocodone 10/325mg #90 and was non-certified on the utilization review (UR) on August 13, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with pain in the lower back and neck. The request is for HYDROCODONE 10/325MG #90. Physical examination to the cervical spine on 07/31/15 revealed tenderness to palpation to the paraspinals. Range of motion was noted to be decreased. Examination to the lumbar spine revealed tenderness to palpation to the paraspinals. Per Request For Authorization form dated 08/06/15, patient's diagnosis include cervical spine strain, cervical spine disc bulge, per MRI, chronic lumbar strain, lumbar disc protrusions per MRI, and left Achilles pain secondary to antalgic gait pattern. Patient's medication, per 05/15/15 Request for Authorization form includes Norco. Patient's work status is modified duties. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request. Review of the medical records provided indicates that the patient has been utilizing Hydrocodone (Norco) since at least 02/02/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No ADL's are discussed showing specific functional improvement. While UDS test results and CURES are current and consistent with patient's medications, there are no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.