

<b>Case Number:</b>	CM15-0024538		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	01/07/2000
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 an 83 year old female, who sustained a work related injury on 1/7/00. The diagnoses have included post lumbar laminectomy syndrome, lumbar disc displacement, lumbago and lumbar radiculopathy. Treatments to date have included oral medications including Hydrocodone/APAP, ice/heat, lumbar spine surgery, and use of a walker. In the PR-2 dated 1/9/15, the injured worker complains of sharp, moderate intensity low back pain. She states that lifting objects makes pain worse. She states that lying down, ice, heat and medications make the pain better. She has tenderness to palpation of lumbar musculature. On 2/2/15, Utilization Review modified a request Hydrocodone/APAP 10/325mg., one tablet every 4-6 hours with maximum of 6 in 24 hours, #180 to Hydrocodone/APAP 10/325mg., #170 per 30 day supply for weaning purposes. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 one tablet Q 4-6 hours maximum of 6 in 24 hours #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids Page(s): 51; 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for 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. Weaning has been recommended by previous reviewer. As such, the question for Hydrocodone/APAP 10/325 one tablet Q 4-6 hours maximum of 6 in 24 hours #180 is not medically necessary.