

<b>Case Number:</b>	CM15-0071950		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New Jersey

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 49 year old female who sustained an industrial injury on 4/9/2009. Her diagnoses, and/or impressions, included: lumbosacral and thoracic sprain/strain with no evidence of radiculopathy; coccydynia; status-post two-level lumbosacral fusion; status-post failed back with severe, intractable pain; and normal cervical spine with normal examination of shoulders, elbows and bilateral wrists. No current magnetic resonance imaging studies are noted. Her treatments have included surgery; rest from work; and medication management. Progress notes of 2/20/2015 reported that her medications significantly decrease her pain with no aberrant behavior or side-effects. The physician's requests for treatments were noted to include Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone APAP 10/325 Q 4 hrs #180 per 30 day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there were reports of hydrocodone/APAP use reducing pain by about 50% with its ongoing use. However, upon reviewing prior notes regarding this medication, the plan was to discontinue Norco, or at the very most used it for breakthrough pain only, whereas now the worker is being recommended to use up to 6 pills per day in addition to the more recent additional methadone. If opioids are needed, longer acting medication than hydrocodone is recommended to replace the frequent use of hydrocodone every day. Regardless, however, there was no report found in the more recent notes, which specifically described the functional gains directly related to hydrocodone use to warrant its continuation. Therefore, considering the above reasons, the request for hydrocodone/APAP 10/325 mg q4 hours #180 per 30 day is not medically necessary.