

<b>Case Number:</b>	CM15-0075154		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	11/21/2005
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Connecticut, California, Virginia  
 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 50 year old female, who sustained an industrial injury on 11/21/2005. The current diagnosis is status post cervical laminectomy with spinal fusion. According to the progress report dated 1/20/2015, the injured worker feels that it is too soon to tell from the surgery if she is having any improvement. She is still experiencing hand numbness. The current medications are Norco and Gabapentin. Treatment to date has included medication management, X-rays, MRI studies, heat, ice, cervical epidural steroid injections, and surgical intervention. The plan of care includes prescription for Hydrocodone/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10-325mg QTY: 150.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 76-78, 80-81, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. In this case, the provided records indicate a recent surgery, but it is unclear why the patient is getting pain medications from a separate provider in the post-operative treatment phase. Additionally, criteria for opioid use (urine drug screening, etc.) are not evidenced by the provided documents. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details provided in the records to support the request, the request for hydrocodone, particularly with a quantity of 150 tablets, is not considered medically necessary, and therefore the decision by utilization review to modify the request to facilitate weaning (or provision of further details to support the request) is reasonable.