

<b>Case Number:</b>	CM15-0078257		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 (IW) is a 40-year-old male who sustained an industrial injury on 06/20/2008. Diagnoses include long term medication use, NEC. Treatment to date has included medications, epidural steroid injections, spinal fusion, spinal hardware removal and physical therapy. Diagnostics included x-rays, electrodiagnostic testing and MRIs. According to the progress notes dated 3/10/15, the IW reported neck pain and upper extremity numbness/tingling/burning pain in the arms when raising them above shoulder level. He also reported he experienced numbness and tingling in his left leg after sitting longer than five minutes. A retrospective request was made for one prescription of Gabapentin 600mg, #90; one prescription of Nabumetone 500mg, #90; one prescription of Tizanidine HCL 4mg, #30 and one prescription of Hydrocodone/APAP, #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Hydrocodone/APAP #100 DOS: Between 4/30/10 and 6/7/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of opioid use.

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

**Decision rationale:** The criteria for ongoing pain management with opioid medication are met. It appears he is receiving the prescription from one practitioner. It is apparent that the lowest possible dose to improve pain and function is being prescribed. Attempts at reducing the dose have resulted in increased pain and significant loss of function. A pain scale showed significant reduction in pain and there was specific reference to improved function. There was ongoing assessment of analgesia in which benefit was reported, monitoring for side effects of which there were none, assessment of physical and psychosocial functioning as discussed above, and monitoring for aberrant drug taking behavior for which no evidence was found. There was continued review of the overall situation in regards to non-opioid means of pain control including use of gabapentin. The frequency of monitoring which was every 8 weeks was appropriate. The worker was being supplied with no more than a 2 month prescription at the visits which was appropriate. Criteria to discontinue opioids were not met and these would include no overall improvement in function or decrease in function, intolerable side effects, resolution of pain, non-adherence, patient request to discontinue, illegal activity, inconsistent findings, or repeated violations of the pain contract. The documentation was adequate to support the lack of criteria to discontinue. The requested treatment is medically necessary.