

<b>Case Number:</b>	CM13-0051557		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] and has submitted a claim for neck and back pain, with an industrial injury date of September 6, 2007. Treatment to date has included physical therapy, massage, ice, heat, epidural steroid injection, home exercise program, TENS (transcutaneous electrical nerve stimulation), rhizotomy, and medications which include Norco, Flexeril, Terocin cream, ibuprofen, cyclobenzaprine. Medical records from 2012-2013 were reviewed the latest of which dated October 17, 2013 which revealed that the patient reports persistent neck and back pain. She has a recent rhizotomy on the right side of the neck. She says her right-sided neck pain has decreased to 3/10. She says most of her neck pain is on the left side of her neck and rates her left-sided pain at 7/10. She says she continues a home exercise program and stretching. She states that she is taking Norco 5/325mg one to four tablets per day, ibuprofen PRN (as needed) and utilizes Terocin cream. She states that the medication does help decrease her pain but more than 50% temporarily, and allows her to increase her walking distance and ability to do household chores. She does report occasional constipation with medication use. On physical examination, the range of motion of the cervical spine is decreased in all planes and limited by pain. The pain does have increased pain with facet loading of the cervical spine bilaterally. She has palpation tenderness in her right lower cervical facet regions. Upper extremity motor exam is limited by pain. Deltoid, biceps internal rotators, external rotators, wrist extensors and wrist flexors are 4+/5 bilaterally. Utilization review from October 30, 2013 denied the request for hydrocodone/APAP 10/325mg #90 because THC has been identified in the urine drug testing; concurrent use of marijuana and opioid is not medically appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325MG, #90:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, hydrocodone/APAP was prescribed since October 2011. The patient was noted to consume medical marijuana, prescribed at a different clinic, after a urine screen turned positive for THC. However, the following progress notes did not address this or discussed possible aberrant behavior. The patient has noted functional improvements but is still not working. The request for Hydrocodone/APAP 10/325 mg, ninety count, is not medically necessary or appropriate.