

Case Number:	CM13-0001116		
Date Assigned:	02/05/2014	Date of Injury:	05/09/2002
Decision Date:	04/07/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/10/2013

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 Physical Medicine and Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 a 59-year-old male with date of injury of 05/09/2002. The listed diagnoses per [REDACTED] dated 11/11/2013 are: 1. Reflex sympathetic dystrophy, unspecified 2. Myalgia and Myositis, unspecified According to progress report dated 11/11/2013 by [REDACTED], the patient complains of constant pain in the right groin. He is taking Motrin for pain. He states that his spinal cord stimulator is being dialed in and it is helping his pain to some degree. His pain is moderate to severe in nature. The pain is relieved with pressure over the genital region. He will try a hernia belt for support and comfort. Objective findings show he transfers and ambulates with a slow and guarded gait to the exam table with pain. He constantly pulls at his genitals due to the pain. He has not been able to wean completely off opiates at this time. The patient has been using Lyrica, Motrin, Norco, Zanaflex, and Cymbalta, and MiraLAX. The treater is requesting a refill for hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF HYDROCODONE-APAP 10/325MG #120 D/S: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids in musculoskeletal pain Page(s): 60-61.

Decision rationale: The patient presents with chronic genital pain. The request is for continued use of hydrocodone. Utilization review dated 06/28/2013 denied the request stating that there is no documentation of a pain contract functional improvement related to opiate use and results from urine drug screen. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of reports from 07/13/2012 to 11/11/2013 shows that the patient has been taking hydrocodone since 07/13/2012. None of the reports show any discussion regarding the patient's function such as return to work, ADL's. None of the reports discuss the outcome measures required by MTUS. There are no before and after pain scales and no use of validated instrument to measure functional changes. Given the lack of sufficient documentation, demonstrating efficacy from chronic opiate use, ongoing use of this opiate cannot be authorized and the patient should be slowly weaned off of Hydrocodone as outlined in MTUS Guidelines. Recommendation is for denial.