MAXIMUS Federal Services

Case Number:	CM13-0017253		
Date Assigned:	10/11/2013	Date of Injury:	05/17/2001
Decision Date:	01/08/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 underlying date of injury in this case is 05/17/2001. The treating diagnoses include status post lumbar fusion at L3-L4 in 2006, status post fusion revision at L2-L3 in 2008, facet arthropathy at L1-L2 and L4-L5, and chronic pain syndrome. An initial physician review in this case notes that this is a 64-year-old man with chronic back pain status post lumbar fusion. That review concluded that the medical records did not meet the criteria in the treatment guidelines to support indication for ongoing opioid use. Treating physician notes from 04/01/2013 indicate the patient had been living with pain for a long time and had been essentially doing pain management since the patient was not interested in further surgery. That note indicates the patient had not been given medications in some time. That note recommended a consultation with a pain specialist regarding medication management. At that time, the patient was prescribed Norco 10/325 #60 as well as Valium for flares of pain. On 10/19/2013, the patient presented in followup regarding low back pain. His symptoms were 5-6/10. The patient was continuing to use ice for flares of symptoms. The patient reiterated that Valium had been very effective for symptoms previously. The patient discontinued Elavil recently since it was not helping. At that time Norco was renewed and the patient was encouraged to continue a home exercise program. A physician review of 08/20/2013 noted the patient had been using hydrocodone for at least a month without clear evidence of meaningful reduction in pain levels or an increase in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10, 325 mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for opiates. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The guidelines indicate to discontinue opioids if there is no overall improvement in function, unless there are extenuating circumstances. The medical records in this case appear to outline prescriptions for opioids largely based on subjective reports of pain. It is not clear that treatment has been based upon objective documentation of functional benefits, nor is it clear that specific functional goals have been established regarding this patient's opioid use. Overall, the medical records and guidelines do not support an indication for continued opioid use. The request for hydrocodone/APAP 10 is not medically necessary and appropriate.