

Case Number:	CM13-0032657		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2012
Decision Date:	04/18/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/30/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 approximately 55-year-old male who reported an injury on 06/18/2012. The mechanism of injury was cumulative trauma related to the performance of job duties. The patient was subsequently diagnosed with lumbar disc disease status post lumbar fusion, cervical disc disease status post cervical fusion, bilateral carpal tunnel syndrome, and left knee meniscus repair. The patient is noted to have received these surgeries and multiple other treatments, including a left rotator cuff repair, prior to reporting a cumulative trauma injury. His course of treatment to date is unclear; however, the most recent clinical note dated 08/22/2013 reported that the patient had complaints of aching, burning, numbness, sharpness, and tingling to his hands and feet. The patient reported that his medications, Percocet and hydrocodone, helped to relieve his symptoms. On this date, the patient's neck range of motion included 80% of normal flexion, 90% of normal extension, there was a negative Spurling's sign, normal motor strength, sensory exam, and increased deep tendon reflexes on the right compared to the left. He was noted to have full range of motion of his shoulders, elbows, wrists, and fingers, with no evidence of shoulder impingement. Lumbar flexion was 15 inches to the floor and he had 80% of normal extension. The patient's deep tendon reflexes were 1+ to the bilateral lower extremities with intact strength, negative straight leg raising, and a decreased sensation in the left L5 distribution. At this time, the patient was referred for a functional restoration program; however, it is unclear if he participated in one. He submitted a urine drug screen with no results discussed, signed a narcotics agreement, and his CURES report was consistent. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5/325MG, #30 WITH 4 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: California MTUS/ACOEM Guidelines recommend opioids to treat moderate to severe chronic pain. Guidelines state that the patient's pain should be assessed at each clinical visit and that functional abilities should be measured at 6 month intervals using a numerical scale or validated instrument. Pain assessments should include the patient's current pain, the least reported pain since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief to begin, and how long the pain relief lasts. The clinical information submitted for review did not provide any previous or current pain levels, nor did it address the changes in pain or function while utilizing the pain medication. Although functional measurements were provided and are appreciated, there was no discussion regarding the impact the medication has had on the patient's activities, pain levels, or function. As such, the medical necessity and guideline compliance of this request cannot be determined. However, opioids are not recommended for abrupt discontinuation, and it is expected that the physician will allow for safe weaning. As such, the request for HYDROCODONE 5/325MG, #30 WITH 4 REFILLS is non-certified.

PERCOCET 5/325, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: California MTUS/ACOEM Guidelines recommend opioids to treat moderate to severe chronic pain. Guidelines state that the patient's pain should be assessed at each clinical visit and that functional abilities should be measured at 6 month intervals using a numerical scale or validated instrument. Pain assessments should include the patient's current pain, the least reported pain since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief to begin, and how long the pain relief lasts. The clinical information submitted for review did not provide any previous or current pain levels, nor did it address the changes in pain or function while utilizing the pain medication. Although functional measurements were provided and are appreciated, there was no discussion regarding the impact the medication has had on the patient's activities, pain levels, or function. As such, the medical necessity and guideline compliance of this request cannot be determined, and the request for PERCOCET 5/325, #30 is non-certified.

