

Case Number:	CM13-0037861		
Date Assigned:	12/18/2013	Date of Injury:	03/01/2010
Decision Date:	01/31/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/24/2013

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 Pain Management, has a subspecialty Certificate in Disability Evaluation 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:

This is a 48-year-old female with a 3/1/10 date of injury to her low back, cervical spine and left shoulder as a result of lifting a heavy piece of equipment to move from one location to another. A progress note dated 9/6/13 documented continued pain in the cervical spine with radiation to bilateral hands with weakness; pain in the lumbar spine with radiation to bilateral legs with weakness; and left shoulder/left hand pain. The patient utilizes Tylenol No. 3 and BioTherm topical cream. Physical exam revealed limited range of motion in the cervical spine; tenderness over the trapezius and paravertebral muscles bilaterally with hypertonicity in the left trapezius muscle; positive Spurling's test on the left; positive cervical compression test: 4/5 strength in C6 nerve root on the left and 5/5 on the right; intact sensation except for decreased in the C6 nerve root distribution on the left. Brachioradialis and triceps tendon reflexes were 1+ on the left and 2+ on the right. Exam of the lumbar spine revealed restricted range of motion; tenderness in the paraspinal muscles bilaterally; positive Kemp's; and positive straight leg raising on the right. Strength, sensation, and reflexes were intact. Left shoulder exam revealed limited range of motion; positive supraspinatus test on the left; positive Hawkins impingement test and 4/5 strength. Treatment plan discussed continuing medication and an MRI. The patient is on modified duty with restrictions, per Agreed Medical Evaluator (AME). Treatment to date has included physical therapy x6 (2010); Epidural Steroid Injection (ESI) 2011; Left Shoulder Arthroscopy 1/11/12; and medication. **DIAGNOSES:** Acute and chronic cervical strain with multilevel disc disease; Lumbar spine sprain/strain; Left shoulder status post arthroscopy with residuals; Bilateral wrist sprain/strain; Chronic bilateral knee sprain/strain. The request currently being addressed is for Anxesia (Hydrocodone/apap 7.5/325mg) #60 1-2 tabs every 6 hours as needed for pain (max 5/day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia (Hydrocodone/apap 7.5/325mg) #60, 1-2 tabs every 6 hours as needed for pain:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-77, 82-127.

Decision rationale: Per guidelines, Anexsia (Hydrocodone/apap 7.5/325mg) is indicated for moderate to moderately severe pain. However, pages 76-77 stipulate specific criteria to follow before a trial of opioids for chronic pain management. Based on results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain), guidelines generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use. Regarding the use of opioids for chronic pain management, guidelines stipulate that ongoing management actions should include:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management.(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).(g) Continuing review of overall situation with regard to non-opioid means of pain control.(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. There is there is a lack of clearly-documented opioid medication management as described above in the medical records reviewed. Therefore, the request for

Anexsia (Hydrocodone/apap 7.5/325mg), #60, 1-2 tabs every 6 hours as needed for pain cannot be considered medically necessary or appropriate.