

Case Number:	CM13-0038187		
Date Assigned:	12/18/2013	Date of Injury:	09/17/2004
Decision Date:	02/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/27/2013

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 and 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:

This 62 year-old male sustained an injury on 9/17/13 while employed by [REDACTED]. Request under consideration include Hydrocodone/ APAP 10/325 mg #60. Report of 8/20/13 from [REDACTED] noted patient complained of constant chronic low back pain with intermittent radiation into the lower extremities. There is less irritation after the removal of the spinal cord stimulator battery. He has continued difficulty with ambulation and takes medication to manage the pain. Exam showed reduced lumbar spine range with pain, lumbar paraspinal muscle spasms and tenderness with positive sciatic stretch test. Prior treatment included medications (Neurontin, Norco, lumbar fusion with hardware removal and pulsavac irrigation in 2007. Treatment for continued Hydrocodone/ APAP 10/325 mg was recommended for weaning; however, the provider has not initiated any dosing changes. The current request for #60 of Hydrocodone/ APAP 10/325 mg was partially-certified to #36 on 9/20/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79-80.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Hydrocodone/ APAP 10/325 mg #60 is not medically necessary and appropriate.