

Case Number:	CM13-0042753		
Date Assigned:	12/27/2013	Date of Injury:	05/30/2007
Decision Date:	02/26/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/26/2013

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 and Rehabilitation, 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 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 patient is a 43 YO male with a date of injury of 05/30/2007. The listed diagnoses per [REDACTED] dated 09/26/2013 are: 1. Lumbago 2. Abnormal loss of weight 3. Depressive disorder 4. Lumbarosacral Disc Degeneration 5. Unspecified Disc Disorder of Lumbar region According to report dated 09/22/2013 by [REDACTED], patient presents with a flare-up of low back and bilateral groin area pain. Patient states at time his legs buckles. Patient notes pain rating on average is 6/10. Patient states he had a recent bout of anxiety related to not receiving his medication on time due to increased pharmacy processing time. Patient notes he has had thoughts of going to truck driving school, but is concerned about the number of pain medications he is taking. Examination showed slow and guarded Antalgic and positive Thrombotic Thrombocytopenic Purpura along the low lumbar spinous. Sensation is decreased to pinwheel in the right L2-3 dermatomes. Reflexes were traced at bilateral patella, 2+ at bilateral Achilles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with a flare-up low back and bilateral groin area pain. Treater requests Hydrocodone-Acetaminophen 10/325 mg, no more than 5 daily, #150. Treater states patient has been taking Norco long term and "would not recommend discontinuing this medications, as it will certainly cause downhill spiral of anxiety/depression." Utilization review dated 10/08/2013 modified certification from #150 to #113 "for the purpose of tapering." Medical records indicate patient has been taking Norco since 08/24/2012. For chronic opiates use MTUS guidelines pgs 88, 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. In this case, none of the required information is documented by the treating physician despite review of the reports from 2012. Treater is continuing prescription under the fear that the patient's condition will deteriorate. However, the treater does not document how the medication is helping the patient in terms of pain and function. Recommendation is for denial.