

Case Number:	CM13-0042968		
Date Assigned:	12/27/2013	Date of Injury:	02/07/2000
Decision Date:	03/05/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/22/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, 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 59 year old male who sustained a work-related injury on 2/7/00, resulting in back pain and lower extremity radiculopathy and neuropathy. He was treated with a lumbar fusion in November 2011 that caused cervical radiculopathy; a cervical disc was herniated during surgery as a result of positioning. The patient was taken back for cervical fusion therapy. An MRI of the lumbar spine taken on 10/27/10 revealed status post laminectomy at L3 and L4; moderate to severe bilateral foraminal stenosis at L3-L4, L4-L5, and L5-S1; and acquired degenerative changes at L2-L3, resulting in mild central stenosis. EMG studies from 3/9/12 revealed mild right median nerve compression into carpal tunnel. An MRI of the thoracic spine on 6/11/13 revealed no significant discogenic changes, myelopathy, disc protrusions, or cord compromise. A spinal cord stimulator was placed on 9/4/13 after an appropriate trial; it is providing significant benefit. The patient's history of treatment includes acupuncture, exercise, physical therapy, nerve block/injections, surgery, medications, and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 Hydrocodone/APAP 10/325mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 74, 88 Page(s): 74, 88.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Hydrocodone is indicated for moderate to moderately severe pain. With regard to long-term users of opioids, the MTUS recommends re-assessment: (a) Has the diagnosis changed? (b) What other medications is the patient taking? Are they effective, producing side effects? (c) What treatments have been attempted since the use of opioids? Have they been effective? For how long? (d) Document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument. (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritus, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. (f) Does the patient appear to need a psychological consultation? Issues to examine would include motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships. (g) Is there indication for a screening instrument for abuse/addiction? With regard to strategies for maintenance, the MTUS recommends not to lower the dose if it is working. Per the 9/12/13 progress report, the injured worker's pain is reduced to 5-8/10, and activity level brought to 4/10 while on medications. The records do not indicate his pain or activity level off of medications. The documentation addresses the treatments the injured worker has failed, states that the patient has signed an opiate agreement, and that urine drug screens have been appropriate. The documentation makes no mention of side effects secondary to opiate treatment, but the injured worker is prescribed Docusate sodium as needed. The primary treating physician indicates that with the new implantation of the spinal cord stimulator, he will work towards decreasing current medications in the future. The UR physician denied this request on the grounds that in combination with the injured worker's prescription of Oxycontin, his morphine equivalent dose was 180mg. Per the MTUS Chronic Pain Medical Treatment Guidelines, the total daily dose of opioid should not exceed 120mg oral morphine equivalents, but the amount can be increased in rare circumstances after a pain management consultation. I respectfully disagree with the UR physician that a dose in excess of the recommended 120 MED is inappropriate. The request is medically necessary.