

Case Number:	CM13-0059025		
Date Assigned:	12/30/2013	Date of Injury:	02/03/2013
Decision Date:	03/31/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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, 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 37-year-old male with date of injury of 02/03/2013. The listed diagnoses per [REDACTED] dated 09/17/2013 are: 1. Cervical spine strain; rule out fracture; 2. Closed head trauma; 3. Lumbar radiculopathy; and 4. Mild bilateral carpal tunnel syndrome. According to progress report dated 09/17/2013 by [REDACTED], the patient complains of neck and back pain. He rates his pain an 8/10. The patient states that he continues to take his medication and it has been helping to control his pain. Physical examination shows paravertebral muscles are tender. Spasm is present. Range of motion is moderately restricted. Deep tendon reflexes are normal and symmetrical. Sensation and motor strength are grossly intact for the cervical spine. Examination of the lumbar spine shows paravertebral muscles are tender with spasms. The range of motion is restricted. Sensation and motor strength are grossly intact. The straight leg raise test is positive bilaterally. The treater is requesting a refill for hydrocodone 5/500 mg one (1) tablet two (2) times a day for #60 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/500mg #60, one (1) tablet two (2) times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89.

Decision rationale: This patient presents with chronic neck and back pain. The treater is requesting a refill for hydrocodone. For chronic opiate use, the Chronic Pain Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six (6) months. The documentation of four (4) A's (analgesia, ADLs, adverse side effects, adverse behavior) are also required. Furthermore, under outcome measures, the guidelines recommend documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. The medical reports from 02/03/2013 to 12/10/2013 do not document when the patient started taking this medication. In the progress report dated 09/17/2013, the treater notes that "The patient continues to take his medication for pain. He states that the medication has been helping to control his pain". None of the other reports show any discussion regarding the patient's function such as return to work or work status. General statements of improvement are inadequate documentation for on-going chronic opiate use. There are no documentations of outcome measures such as average pain, least pain, and duration of relief with medications. The patient's functional level is not adequately documented with use of medication. The treater does not provide before and after pain scales. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, ongoing use of this opiate cannot be authorized and the patient should be slowly weaned as outlined in guidelines. Therefore, recommendation is for denial.