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| Case Number: | CM13-0065591 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/26/2013 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 expert 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:

Medical Records reflect the claimant is a 46 year old female with a work related injury on 8-26-13. The claimant has a diagnosis of multilevel disc bulge and radiculopathy to the left lower extremity. The claimant reports constant severe lower back pain with pain radiation to legs and with numbness and tingling. The claimant is currently being treated with medications and has been continued off work. Exam on 6-4-14 notes the claimant has an antalgic gait with decreased range of motion with severe pain. She has tenderness at the lumbosacral area. The claimant has been treated with medications, lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS X 1: HYDROCODONE APAP MSC 10MG/325MG/100MG QTY: 60, REFILLS 0:
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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - opioids.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG notes that ongoing use of opioids require 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 nonadherent) 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). There is an absence in documentation noting monitoring as required to include how long the relief lasts, how long does it take for her to have pain relief how the ongoing use of opioids improve her quality of life. There is no documentation of functional improvement. Furthermore, there is no indication of monitoring for misuse or abuse. Therefore, the medical necessity of this request is not established, as the claimant does not meet current treatment guidelines for ongoing use of opioids.