

Case Number:	CM13-0070619		
Date Assigned:	01/08/2014	Date of Injury:	10/24/2003
Decision Date:	06/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 47 year old female who reported an injury on 10/24/2003 the mechanism of injury was a lifting injury. As per the clinical noted dated 11/11/2013 the injured worker reported persistent low back pain which was worse on the right side with radiation to the right gluteal region. The injured worker stated the Hydrocodone was not enough for the month and sometimes he took more medication depending on the change of activity level. The injured worker noted the pain was constant and described as aching in quality, to the lumbar region with sharp shooting pain to the right leg. The physical exam noted spasms in the lumbar paraspinal muscles and stiffness to the lumbar spine, tenderness noted in the lumbar facet joints bilaterally which was worse on the right side. A urine drug screen was completed on 06/25/2013. The injured worker was prescribed Docusate Sodium, Hydrocodone, Ibuprofen, and Tramadol Cream. The provider noted the injured worker to have possible depression from pain and chronic pain syndrome. The injured worker also underwent an epidural steroid injection, block to the sacroiliac joint, and a medial branch block which did not seem to identify a positive pain generator. It was noted the injured worker participated in physical therapy. The request for authorization was not provided. The provider is requesting Hydrocodone 10/500 mg once every six hours #120 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/500 MG (LORTAB) TABLET, ONCE EVERY SIX HOURS, #120 W/2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID SPECIFIC DRUG LIST Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids criteria for use.

Decision rationale: The request for Hydrocodone 10/500 mg tablet once every six hours, #120 with 2 refills is not medically necessary. The client reported persistent low back pain which is worse on the right side with radiation to the right gluteal region. The injured worker noted he uses more pain medication throughout the month depending on activity. The injured worker underwent epidural steroid injections; however, the efficacy of the injections was unclear within the documentation. There was documentation of a urine drug screen which was completed on 06/25/2013. The provider noted the injured worker had constant pain and no change from the previous visit. The Chronic Pain Medical Treatment Guidelines note Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. The guidelines note there are no FDA-approved Hydrocodone products for pain unless formulated as a combination. The Official Disability Guidelines note opioids should be a part of a treatment plan that is tailored to the injured worker, Is the injured worker improving, has the injured worker received a screen for risk of addiction 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 provider failed to provide adequate documentation of significant functional improvement and a full pain assessment. The provider documented only ongoing pain which is constant with the past visits. Therefore, the request for Hydrocodone 10/500 mg tablet once every six hours # 120 with 2 refills is not medically necessary.