

Case Number:	CM14-0004264		
Date Assigned:	02/05/2014	Date of Injury:	09/22/2013
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/11/2014

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, 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 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 patient is a 43 year old male with an injury date of 09/22/13. Based on the 10/25/13 progress report provided by [REDACTED] the patient complains of right lateral lower rib pain, low back pain, and mid back pain which radiates to his right groin. His diagnoses include right rib arthralgia, possible thoracic radiculopathy and thoracic and lumbar sprain/strain. A 10/04/13 CT of the abdomen shows a normal appendix, hepatomegaly, diverticulosis, mildly enlarged left common femoral region lymph node stable compared to 2008, and mild splenomegaly. The 11/01/13 MRI of the thoracic spine shows multilevel degenerative disk disease with L1-2 left lateral protrusion and moderate left neural foraminal narrowing. The 11/01/13 MRI of the lumbar spine shows degenerative disk disease and facet arthropathy, canal stenosis includes L4-5 moderate canal stenosis and neural foraminal narrowing includes L1-2 moderate left and L4-5 mild-to-moderate left, moderate right neural foraminal narrowing. [REDACTED] is requesting for Hydrocodone/APAP 10/325 mg #90. The utilization review determination being challenged is dated 12/26/13 and recommends denial of the Hydrocodone. [REDACTED] is the requesting provider, and he provided treatment reports from 09/23/13- 12/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FOR USE OF OPIOIDS, Page(s): 76-80, 88-89.

Decision rationale: According to the 10/25/13 report by [REDACTED], the patient presents with right lateral lower rib pain, low back pain, and mid back pain which radiates to his right groin. The request is for Hydrocodone/APAP 10/325 mg #90 for severe pain. The 12/03/13 progress report by [REDACTED] states that the patient's pain is at a 6/10 and medications have helped decrease pain by about 50% temporarily, allowing him to increase his activity level. There was no indication of how Norco was specifically impacting the patient. The 12/10/13 progress report by [REDACTED] states that Norco somewhat helps the pain and he has decreased ability to perform ADL's, especially self-care. No pain scales were provided. According to California MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, California MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California MTUS also require (p78) documentation of the 4 A's (analgesia, ADL's, adverse effects and adverse drug seeking behavior). While the provider documents 50% reduction of pain and some increase in activity level, no specific ADL improvements are provided to determine whether or not improvement is significant. Outcome measures (average pain, current pain, duration of relief with opiate, etc) are not documented. Quality of life changes are not documented. Therefore the request is not medically necessary.