

Case Number:	CM14-0006153		
Date Assigned:	03/03/2014	Date of Injury:	08/28/2012
Decision Date:	06/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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 Neuromusculoskeletal 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 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 46 year old male with injury to the low back and left lower extremity, right elbow and cervical region on 08/28/2012 when hit from behind by a motor vehicle traveling 60 mph while his own vehicle was stopped. Patient serves as a Sheriff Deputy and was on duty at the time of accident. Since injury, he's experienced lumbar pain with left lower extremity pain referral, parthesia and weakness, cervical pain and right lateral epichondylitis which has undergone debridement with repair of the extensor carpi radialis longus (11/15/11). The patient has undergone an left L3 - L5 lumbar medial branch block, quantity 2, which reduced his pain from 5/10 to 2/10. He underwent a L5-S1 epidural steroid injection on 10/9/13. Additionally, the patient has sought chiropractic care, use of a TENS unity, massage and heat / ice with report no improvement in his sx's. An MRI dated 2/7/13 documents a mild, broad-based posterior disk bulge at L4-5 with superimposed left paracentral annular tear with significant central or neural foraminal narrowing. Agreed Medical examination, page 16, dated Sept 25, 2013 documents that the patient lives on a farm, is able to perform duties 'proportional to' where his kids are. He's able to perform personal grooming, dishes, laundry, home repair just not to the same level of activity as pre-injuyr.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-ACETAMINOPHEN 325-10MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND TREATMENTS Page(s): 74, 78.

Decision rationale: Hydrocodone-Acetaminophen is a pure opioid agonist use for the treatment of moderate to severe pain. According to the Chronic Pain Medical Treatment Guidelines, Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects need to be done periodically. 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. Additional, the Chronic Pain Medical Treatment Guidelines, states that the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors) should be utilized for ongoing monitoring. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Reviewing the patient's records identified numerous annotations of his use of vicodin off duty with a functional assessment that is only 5 months old (at the time of the Utilization Review). The patient is able to function with the use of the medication. Continued use as long as it is during off duty hours from his primary employment as a Sheriff Deputy and that appropriate monitoring is established as set by the California MTUS Guidelines. The request for Hydrocodone-Acetaminophen 325-10 mg # 60 is medically necessary and appropriate.