

Case Number:	CM14-0100475		
Date Assigned:	07/30/2014	Date of Injury:	07/30/1999
Decision Date:	12/19/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Pain Management 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 54 year old female with an injury date on 07/30/1999. Based on the 03/06/2014 handwritten progress report provided by the treating physician, the diagnoses are:1. Intervertebral disc injury C/S tendinitis hand / wrist2. Chondromalacia of patella (BIL); headache; Depression3. Shoulder sprain (BIL); spinal stenosis C/S & L/S region4. C5-C6 fusion 5/02; HNP L/S L5-S1According to this report, the patient complains of headache and low back pain. Per treating physician patient is "S/P C/S fusion 5/7/02, HNP 6mm L5-S1, L/B pain and radiculopathy; C/S pain with headaches." Physical exam reveals "limps L, + L sciatic notch, decrease ankle, + sensory deficits, + lasegue, flexion 50, exten 15, R/L bending 15/20." There were no other significant findings noted on this report. The utilization review denied the request on 05/29/14. The requesting provider provided one treatment report dated 3/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10-325 mg days 90, # 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88,89,78.

Decision rationale: According to the 03/06/2014 report, this patient presents with low back pain. The current request is for Hydrocodone/APAP tab 10-325 mg days 90, # 150: but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 03/06/2014 and the utilization review letter in question is from 05/29/2014. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, one report was provided for review. The report does not show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. There are no opiate monitoring such as urine toxicology or CURES. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.