MAXIMUS Federal Services

Case Number:	CM14-0107736		
Date Assigned:	09/24/2014	Date of Injury:	06/14/1988
Decision Date:	11/18/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 & 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 71 year old with an injury date on 6/14/88. Patient complains of severe low lumbar pain that radiates into bilateral legs with cramping and varying pain intensity per 6/26/14 utilization review letter. Based on the 3/11/14 progress report provided by [redacted] the diagnoses are: 1. multiple level degenerative disc disease of the lumbar spine s/p a fusion of the entire lumbar spine with a possible pseudarthrosis associated with bilateral lower extremity radiculitis2. mild exogenous obesity associated with hypertension and diabetes mellitus3. degenerative lumbar/lumbosacral disc4. nonunion of fracture5. UNS thoracic/lumbar neuritis/radiculitis6. obesity unspecified7. benign essential hypertension8. diabetes uncompl type IIExam on 3/11/14 showed "L-spine range of motion is limited, with extension of 25 degrees." Patient's treatment history from a single progress report only includes medications. [redacted] is requesting hydrocodone/APAP 5-325mg Qty: 150 Day supply 30 modified to Norco 5/325 #135 for weaning. The utilization review determination being challenged is dated 6/26/14. [redacted] is the requesting provider, and he provided a single treatment reports from 3/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5-325mg Qty 150 Day Supply 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88,89,78.

Decision rationale: This patient presents with lower back pain and bilateral leg pain. The treater has asked for hydrocodone/APAP 5-325mg Qty: 150 Day supply 30 modified to Norco 5/325 #135 for weaning. Patient has been taking Hydrocodone since 6/27/13 report. For chronic opioids 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 adverse 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, the treater does not indicate a decrease in pain with current medications including Hydrocodone. Additionally, there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Therefore the request is not medically necessary.