

Case Number:	CM14-0108567		
Date Assigned:	08/01/2014	Date of Injury:	10/28/2002
Decision Date:	09/16/2014	UR Denial Date:	06/27/2014
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 and Rehabilitation, 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 injured worker is a 68-year-old male who reported an injury while lifting a door that came off its hinges on 10/28/2002. On 03/20/2014, his diagnoses included failed back surgery syndrome, degenerative joint disease of both knees, intermittent sciatica worse on the right than on the left, facet syndrome, depression and narcotic habituation. His complaints included low back pain radiating down to the right leg below the knee. His medications included hydrocodone 10/325 mg and Soma 350 mg. Per the submitted documentation, this worker has been taking hydrocodone/APAP since 08/28/2013. Treatment plan which included the rationale, stated that the plan was to follow goals of decreasing narcotic use or need, increase functional status, as evidenced by his response to therapies including knee injections, rhizotomy of his facet joints and countless epidurals over more than 10 years. "Each time he gets these treatments, he is able to decrease his narcotics, increase his function and maintain his weight". There was no request for authorization included in this worker's chart.

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 Days Supply :30 QTY 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The request for hydrocodone/APAP tab 10/325 days supply 30, quantity 240 is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by 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. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious but limited for short term pain relief. In most cases analgesic treatments should begin with acetaminophen, aspirin, NSAIDS, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrin problems. The submitted documentation did contain a urine drug screen which was consistent with his taking hydrocodone/APAP. There was no documentation in the submitted chart regarding appropriate long term monitoring, including psychosocial assessment, side effects, failed trials of NSAIDS, aspirin, antidepressants or anticonvulsants, quantified efficacy or collateral contacts. Additionally, there was no frequency specified in the request and the dosage was not transcribed properly. Therefore, this request for hydrocodone/APAP tab 10/325 days supply 30, quantity 240 is non-certified.