

Case Number:	CM14-0015356		
Date Assigned:	02/28/2014	Date of Injury:	01/21/2004
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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 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:

This 76 year-old patient sustained an injury on 1/21/04 while employed by [REDACTED]. Request under consideration include one prescription of Hydrocodone/APAP 10/325mg #120. Report from the provider noted the patient with chronic radicular low back pain into the lower extremities rated at 7/10 with weakness. Medications assist the patient in performing household activities, but still have difficulty sleeping. Exam showed antalgic gait with cane; tenderness to palpation of lumbar paraspinal muscles and facet joints; restricted range in all planes; positive fact and nerve root compromise testing with lower extremity weakness. There has been previous denial for the Hydrocodone/APAP treatment request. Medications list Norco, OxyContin, Senna, Prilosec, and Terocin cream. Diagnoses include Facet-mediated lumbar pain; chronic low back pain; Diabetes Mellitus; and NSAID induced gastritis. Currently, the request for Hydrocodone/APAP was modified to certify for quantity of #55 on 1/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF HYDROCODONE/APAP 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: This 76 year-old patient sustained an injury on 1/21/04 while employed by [REDACTED]. Request under consideration include one prescription of Hydrocodone/APAP 10/325mg #120. Report from the provider noted the patient with chronic radicular low back pain into the lower extremities rated at 7/10 with weakness. Medications assist the patient in performing household activities, but still have difficulty sleeping. Exam showed antalgic gait with cane; tenderness to palpation of lumbar paraspinal muscles and facet joints; restricted range in all planes; positive fact and nerve root compromise testing with lower extremity weakness. There has been previous denial for the Hydrocodone/APAP treatment request. Medications list Norco, OxyContin, Senna, Prilosec, and Terocin cream. Diagnoses include Facet-mediated lumbar pain; chronic low back pain; Diabetes Mellitus; and NSAID induced gastritis. Currently, the request for Hydrocodone/APAP was modified to certify for quantity of #55 on 1/23/14 citing guidelines criteria and lack of medical necessity. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, the Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The one prescription of Hydrocodone/APAP 10/325mg #120 is not medically necessary and appropriate.