MAXIMUS Federal Services

Case Number:	CM14-0114598		
Date Assigned:	08/04/2014	Date of Injury:	03/29/2002
Decision Date:	10/01/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/21/2014

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 Alabama. 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 60 year old female who was injured on 03/29/2002. The mechanism of injury is unknown. Prior treatment history has included multiple epidural steroid injections. The patient underwent left total knee arthroplasty dated 09/14/2009. Past medication history as of 02/28/2014 included Lunesta, Pantoprazole-Protonix, Hydrocodone/APAP, Soma, Morphine sulfate, Atenolol, Amlodipine, Hydrochlorothiazide, Simvastatin and Lisinopril.On 02/28/2014, the patient had complaints of neck pain and low back pain. She reported her functional capacity has diminished for which she uses her medication for and the medication provides her some functional improvement. On exam, straight leg raise is negative. Spasm and guarding is noted lumbar spine. She is prescribed Hydrocodone/APAP 10/325 mg. Progress report dated 07/23/2014 states the patient presented with bilateral knee pain. Objective findings on exam revealed guarding and spasm noted on lumbar spine. She has right knee tenderness along the lateral aspect of the right knee and severe crepitus. The patient is diagnosed with pain in lower leg joint and internal derangement left knee. The patient is prescribed Hydrocodone/APAP 10/325 mg.Prior utilization review dated 06/19/2014 states the request for Hydrocodone 10/325mg #30 MS #90 for DOS 02-28-2014 is denied as long term use of opioids is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #30 MS #90 for DOS 02-28-2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The above MTUS guidelines regarding on-going management of opioids states those actions should include "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors)." In this case, UR appeal on 8/15/14 address the 4 A's including "she has been compliant with her medications... we will continue to run periodic urine screens on her... patient does not have a history of drug abuse secondary to her psychiatric disease... with medications including Hydrocodone, her pain level comes down to 6/10 on VAS pain scale, she notes that the medication does provide her with benefit and increase in overall function. She states that with the use of medication, she can walk for 5-8 blocks. Norco does provide the patient with pain relief and increases mobility... She has been tolerating this medication well and denies any side effects". Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.