

Case Number:	CM14-0124597		
Date Assigned:	08/08/2014	Date of Injury:	07/27/2011
Decision Date:	09/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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 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 51-year-old male who reported slipping and falling backwards on 07/27/2011. On 06/02/2014, his diagnoses included spondylolisthesis at L4-5 and L5-S1, bilateral L5 pars defects, multilevel disc herniation of the cervical spine with moderate to severe neural foraminal narrowing, thoracic disc herniations at T1-2 and T3-4, and status post head injury. His medications included Norco 10/325 mg, Terocin patches, and LidoPro cream. He had participated in 5 acupuncture visits without improvement and 25 chiropractic visits with some improvement. His complaints included sharp stabbing low back pain rated at 9/10 with intermittent bilateral lower extremity weakness to the feet and occasional numbness. He had neck pain described as sharp rated at 9/10. He stated that his pain interferes with his sleep. The rationale for the requested medication was that he would continue to take the Norco 10/325 mg in order to help decrease his pain and increase his function. A Request for Authorization dated 06/02/2014 was 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 10/325, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: The request for hydrocodone/APAP 10/325, #180 is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use include documentation of pain relief, functional status, appropriate medication use, and side effects. It should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain before and 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. 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 function and decreased pain. For chronic back pain, opioids appear to be efficacious but limited to short term pain relief. In most cases, analgesic treatment 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 (not substituted for) the less efficacious drugs. Long term use may result in neurological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Additionally, there was an incomplete dosage in the request and no specification for frequency of administration. Therefore, this request for hydrocodone/APAP 10/325, #180 is non-certified.