MAXIMUS Federal Services

Case Number:	CM14-0154600		
Date Assigned:	09/24/2014	Date of Injury:	01/12/2006
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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, 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 68-year-old female with a date of injury of 01/12/2006. The listed diagnoses per [redacted] are:1. Right second hammertoe.2. Fourth claw toe.3. Painful medial sesamoid.4. Fifth metatarsal exostosis.The medical file provided for review includes one progress report from 05/19/2014. According to this progress report, the patient has ongoing pain in the right foot. Examination revealed the second toe sits in mild extension relative to the first and third with weak extension strength. She has clawing of the fourth DTP joint, prominent fifth metatarsal head. Under treatment plan, the treater states, "I would again recommend she have a right medial sesamoidectomy, second to third ADL transfer, fourth toe flexor tenotomy, and fifth metatarsal exostectomy." This progress report does not include the request for hydrocodone/acetaminophen 10/325 mg "90, 23-day supply with 0/2 refills." Utilization review denied the request on 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 Quantity: 90, 23 day supply with 0/2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Page(s): 88-89, 78.

Decision rationale: This patient continues with right foot pain. This is a request for hydrocodone/acetaminophen 10/325 mg #90, "23-day supply with 0/2 refills." There is one progress provided for review and this report does not discuss this medication. Utilization review indicates the patient has taken tramadol and hydrocodone in the past. The patient is currently not working. MTUS Guidelines pages 88 and 89 state, "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, it is unclear how long the patient has taken this medication. However, given the fact that the patient has utilized this medication in the past and the progress report provided for review does not discuss functional improvement or decrease in pain with this medication, recommendation for further use cannot be made. Furthermore, treater does not provide a urine drug screen or discussion of behaviors or possible side effects as required by MTUS. Given the lack of sufficient documentation for opiate management, recommendation is for denial.