

Case Number:	CM14-0159314		
Date Assigned:	10/02/2014	Date of Injury:	04/02/2013
Decision Date:	10/29/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

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 54 years old male with an injury date on 04/02/2013. Based on the 07/24/2014 progress report provided by [REDACTED], the diagnosis is: 1. Status post bilateral L5-S1 laminotomy and discectomy 12/12/2013. According to this report, the patient complains of severe muscle spasms and pain in the bilateral leg. Weakness and decreased light touch sensation are noted from the buttocks down to the bilateral leg and feet. Lumbar range of motion is moderately decreased with pain. The 09/04/2014 reports indicate the patient's pain level is at a 7-8/10, constantly despite of medications. A urine drug screen on was preformed 07/24/2014. The patient remains total temporarily disabled. There were no other significant findings noted on this report. The utilization review denied the request on 09/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/24/2014 to 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective - Hydrocodone/APAP 2.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Pain Assessment; CRITERIA FOR USE OF OPIOIDS; Opioid for chronic p.

Decision rationale: According to the 07/24/2014 report by [REDACTED] this patient presents with spasms and pain in the bilateral leg. The treating physician is requesting retrospective hydrocodone/ APAP 2.5/325mg #60. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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. Review of report shows that the treating physician is trying to wean the patient off Norco and start the patient on Hydrocodone/ APAP to "better control his current pain syndrome." In this case, the reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. There is no discussion regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of opiate. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Therefore this request is not medically necessary.