

Case Number:	CM14-0173944		
Date Assigned:	10/27/2014	Date of Injury:	01/05/2010
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/22/2014

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 53-year-old male with an injury date of 01/05/2010. According to the 06/23/2014 progress report, the patient complains of having upper back pain, low back pain, bilateral knee pain, and right ankle pain. His upper back pain is rated as mild to occasionally moderate and radiates to his left shoulder and chest. His lower back pain is constant and also rated as moderate to occasionally severe. This pain radiates to his bilateral legs with associated numbness and tingling sensation. In regards to the bilateral knees, the patient rates his pain as mild to occasionally moderate and reports giving out of the knees. The patient states that he twisted his right ankle and lost balance secondary to shoe lift. In regards to the cervical spine, the patient has limited range of motion secondary to pain. He has tenderness to palpation with spasms of the quadratus lumborum muscles and a limited range of motion for the lumbar spine. He has decreased grip strength on the right. The patient has tenderness to palpation of the right lateral knee and the left infra-patella as well as a limited range of motion to the knees. He has mild inflammation of the right thigh and the right knee. In regards to the right ankle, he has exquisite tenderness to palpation of the medial and lateral ankle joints and a limited range of motion secondary to pain. The 08/11/2014 report states that the patient's lower back pain is worsening with numbness and tingling sensation going down his legs. The 09/23/2014 report indicates the patient has an itchy sensation of the surgical scars from the right thigh on his right leg. The patient's diagnoses include the following: 1. Chronic cervical strain, 2. Advanced degenerative disk disease of C5-C6, 3. Moderate to advanced degenerative disk disease of C4-C5, 4. Prior C5 vertebral body fracture, 5. Degenerative grade-1 spondylolisthesis of L4-L5, 6. Moderate disk extrusion of L5-S1 with right lower extremity radiculopathy, 7. Right distal transcondylar fracture with open reduction internal fixation on 01/06/2010 and subsequent

repairs and non-union on 04/27/2010 and 07/27/2011, 8. Open reduction and internal fixation of right patellar fracture on 01/06/2010, 9. A 5.3-cm right leg length discrepancy, 10. Left knee lateral tibial plateau fracture, healed, 11. Right tibial fracture open reduction internal fixation in 1977, prior, 12. Deep venous thrombosis of the right lower extremity, resolved, 13. Right ankle sprain/strain, rule out fracture. The utilization review determination being challenged is dated 10/14/2014. Treatment reports are provided from 03/17/2014-09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ apap 10/325 mg, # 90 with 1 refill: 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 Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

Decision rationale: Based on the 09/23/2014 progress report, the patient complains of having lower back pain, right leg pain, and right ankle pain. The request is for hydrocodone/APAP 10/325 mg #90 with 1 refill. The patient has been taking hydrocodone/APAP as early as 06/23/2014. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at six-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. There are no discussions provided regarding hydrocodone/APAP's efficacy. The 4As are not discussed as required by MTUS. There is no discussion regarding how the use of opioids has improved the patient's ADLs and quality of life. There are no documentations of opioid management such as urine toxicology and adverse behavior. Recommendation is for denial.