

Case Number:	CM14-0175397		
Date Assigned:	10/28/2014	Date of Injury:	12/04/2002
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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:

This 55 year-old patient sustained an injury on 12/4/2002 while employed by [REDACTED]. Request(s) under consideration include Hydrocodone/APAP 10/325 mg TID x 3 months. Diagnoses include knee osteoarthritis s/p left knee arthroplasty 7/2006 with revision in 7/2008; sacroiliitis; lumbar disc degeneration/ stenosis/ spondylosis without myelopathy; s/p gastric bypass 7/2002 and cholecystectomy. Conservative care has included medications, LESI, physical therapy, and modified activities/rest. Reports of 6/20/14 and 9/22/14 from the provider noted the patient with chronic ongoing low back and left knee pain, worsening with cold weather coming on; pain rated at 7/10 with medications. Medications list Fentanyl patch, Alprazolam, Bentyl, Hydrocodone/APAP, Tizanidine, Verapamil, and Voltaren gel. Exam showed lumbar spine paravertebral tenderness with hypertonicity on right; ambulates with loose left knee brace; has walker with seat; no SI tenderness noted; lumbar range limited with flex/ext of 30/5 degrees; grossly intact sensation to light touch with 5/5 motor strength bilateral lower extremities. The request(s) for Hydrocodone/APAP 10/325 mg was modified for x 1 month for weaning on 10/2/14 citing guidelines criteria and lack of medical necessity.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing Section Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Hydrocodone/ APAP 10/ 325 mg is not medically necessary and appropriate.