

Case Number:	CM14-0182311		
Date Assigned:	11/07/2014	Date of Injury:	04/25/2011
Decision Date:	12/11/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Pain Medicine 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 is a 35-year-old male patient the date of injury on 04/25/11. Diagnoses include neural encroachment of bilateral L5-S1 with radiculopathy, refractory, and lumbar spondylosis. Previous treatment has included physical therapy, oral medications, home exercise program, TENS, cold/heat, activity modification and epidural steroid injections. A request for Hydrocodone 10/325 mg 2-3 times per day #60 for the lumbar spine was non-certified a utilization review on 10/21/14 with the reviewing physician agreement there was mention of the patient's activities of daily living and improving however no indication of any other significant higher levels of functioning achieved and no mention of any particular return to work having occurred. There was no mention as to whether the patient's pain coping skills had ever been addressed and long-term use of opioids for chronic pain is not supported in the guideline criteria. There were minimal objective physical examination findings to account for her pain condition requiring ongoing opioid treatment. Urine drug screen dated 03/27/14 was provided and noted the patient tested positive for tramadol and Desmethyl Tramadol, negative for opiates. It is not documented if this was consistent or inconsistent with the medications prescribed at that time, although it appears based on progress notes around that time the patient was prescribed Tramadol and hydrocodone. Urine drug screen dated 09/18/14 was again positive for tramadol and Desmethyl Tramadol, negative for opiates. Most recent progress note provided is dated 08/17/14 and reveals the patient failed epidural steroid injections. Patient continued to complain of low back pain with right greater than left lower extremity symptoms rated at 5/10. Patient has been participating in physical therapy. It was noted medications at current dosing facilitate maintenance of ADLs (activities of daily living). It was reported the patient is taking Tramadol ER 300 mg per day which decreases somatic pain an average of 4-5 points. The patient is also taking Hydrocodone 10 mg only for bouts of severe "breakthrough" pain. It was noted that

NSAIDs facilitate improved range of motion and an additional 2 point average diminution of pain. Objective findings revealed: reduced lumbar range of motion, positive straight leg raise bilaterally, tenderness of the lumbar spine, and spasm at the lumbar paraspinal musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg 2-3 times per day #60 for the Lumbar Spine: Upheld

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

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

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is a description of pain relief provided. However, there is no indication of significant functional benefit or return to work despite the patient's reports of significant pain relief, but rather functional benefit is limited to performance of activities of daily living. There are two urine drug screens provided, both indicating the patient to test negative for prescribed hydrocodone. A current signed and dated narcotic agreement is not included for review. There are minimal objective findings on physical examination it is not clear why the patient would require 2 formulations of opioids to maintain activities of daily living given the lack of objective findings to support this. There is no imaging studies included for review documenting pathology that would support the need for opioids. Guidelines do not support long-term chronic opioid use. Objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Hydrocodone 10/325 mg 2-3 times per day #60 for the lumbar spine is not medically necessary.