MAXIMUS Federal Services

Case Number:	CM14-0020649		
Date Assigned:	04/30/2014	Date of Injury:	02/01/1979
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 an 89-year-old male who sustained an injury on 2/1/1979. His diagnoses include lumbar disc disease and lumbosacral arthritis. The physician's progress report of 3/25/2013 mentions constant low back pain and leg pain going down to the feet. The pain has become progressively worse over the last 4-5 months. The patient is complaining of stiffness in the lower back. His left leg gave out last week and he fell down injuring his right knee; he was given a prescription for Hydrocodone. The physician's progress report of 7/15/2013 states the patient's pain is 10/10. It was recommended to continue medication as directed. Physician's progress report of 11/14/2013 states constant pain in the lower back and legs. X-rays of the lower back were done on 9/9/2013 and they showed degenerative spondylosis. The patient was continued on Hydrocodone 5/ 325. Physician's report of 2/20/2014 states the patient has constant low back and leg pain, muscle spasm in the lower back, and unable to perform many of his activities of daily living. He is using a walking cane. Urine toxicology was ordered and medications were to continue. A request was made to continue the Hydrocodone 5/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5/325MG #60: 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 OPIOIDS Page(s): 74-96.

Decision rationale: There is no indication in the medical record how long the patient has been on Opioids. In addition, it is unknown from the physical examination whether the patient has true neuropathic pain; in which case opioids are not generally recommended as a first line therapy. From the current medical records, the patient has been on Hydrocodone for about a year as his only medication. There is no documentation as to whether the patient failed a trial of non-operative opioid analgesics. There is no documentation as to what the treatment goals are. In addition, it appears from the medical record that this dose of analgesia is not producing any significant relief of pain; in which case the pain management needs to be reassessed. From an ongoing management point of review, there is no ongoing monitoring of the 4 A's of opioid management. The patient does not appear to be involved in any home-based program of functional restoration. There is no documentation of what the psychological factors are affecting his pain. There was an order for drug screen in the progress note of 2/20/2014 but none previous to this. Taking into consideration all of the above factors, the medical necessity for continuing the use of hydrocodone has not been established. Therefore, the request for Hydrocodone 5/325 mg # 60 is not medically necessary and appropriate.