

Case Number:	CM14-0022617		
Date Assigned:	06/11/2014	Date of Injury:	02/03/2013
Decision Date:	09/24/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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 Alabama. 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 37 year old male who was injured on 02/03/2013. The mechanism of injury is unknown. Progress report dated 10/15/2013 documented the patient to have complaints of low back pain. Objective findings on exam revealed tenderness over the paravertebral muscle with spasm. Range of motion is moderately restricted and deep tendon reflexes are normal and symmetrical. The lumbar spine revealed paravertebral muscle tenderness with spasm present. Range of motion is restricted. His sensation is intact. Straight leg raise is positive bilaterally. Impressions are cervical spine strain; rule out fracture; lumbar radiculopathy; and closed head trauma. The patient is recommended for additional chiropractic therapy and instructed to continue with medications including hydrocodone (Vicodin) APAP 5/500 mg #60, ketoprofen 75 mg, omeprazole 20 mg, and orphenadrine ER 100 mg #60. Prior utilization review dated 02/04/2014 states the request for Hydrocodone 5-325 #60 is denied as there is a lack of clinical evidence provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5-325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

Decision rationale: The above ODG guidelines state for on-going management of opioids, actions should include "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, the progress notes state that the patient has "significant low back pain which he has not achieved maximum medical improvement yet." There is no documentation regarding opioid use regarding pain relief, functional status, appropriate medication use, side effects, or the 4 A's for ongoing management. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.