

Case Number:	CM14-0023017		
Date Assigned:	05/14/2014	Date of Injury:	10/24/2003
Decision Date:	07/10/2014	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, 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:

The patient is a 47 year old male who was injured on 10/24/2003. He sustained a lifting injury with subsequent development of low back pain and lower extremity pain on the right. Prior treatment history has included medications, medial branch blocks, epidural block in the sacroiliac and physical therapy. The patient's medications as of 11/21/2013 include docusate sodium 250 mg, hydrocodone 10/500 mg, ibuprofen 500 mg, lactulose 10 gm, Nexium, and Tramadol cream 10%. UDS dated 10/17/2013 reports positive results for an opiate. Clinic note dated 12/04/2013 states the patient presents with consistent lumbar facet and sacroiliac joint pain. The patient was instructed to do home exercises. He does report improvement in symptoms although it could not be quantified. Clinic note dated 12/16/2013 indicates the patient states he is having persistent low back pain radiating to the right hip region and sometimes to the right lower extremity. His right hip region pain is worse with standing and walking. He states his medications are helping for the pain. Objective findings on exam revealed spasms in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. He has a stiff and antalgic gait noted on the right. There is tenderness at the right posterior superior iliac spine and right hip joint region. Straight leg raise is negative bilaterally. The patient is diagnosed with low back pain, lumbosacral neuritis, facet syndrome, chronic pain syndrome and sacroiliitis, NEC. Prior UR dated 02/04/2014 states the request for Lortab 1 tab po every 6-8 hours is partially certified to #90 as there are no documented VAS scores to show its effectiveness in improving function.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORTAB #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: According to the CA MTUS Guidelines, Lortab is a synthetic opioid analgesic and it is indicated for moderate to severe acute pain and breakthrough pain. The CA MTUS Guidelines indicate "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)." There is no evidence that notable pain relief and functional improvement have been obtained as result of ongoing use of Lortab. There is no indication that regular assessment of non-opioid and non-pharmacologic means of pain management have been done. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements per the guidelines, for continued opioid therapy have been met. The medical necessity for Lortab has not been established. The request is non-certified.