

Case Number:	CM14-0026450		
Date Assigned:	06/13/2014	Date of Injury:	05/03/2011
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 Interventional Spine 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 44 year old male with an injury date of 05/03/11. Based on the 02/03/14 progress report provided [REDACTED] the patient complains of numbness and weakness of the bilateral lower extremities. He continues to have depression and anxiety attacks. The patient's diagnoses include the following: 1. Chronic myofascial pain syndrome, cervical and thoracolumbar spine. 2. Left L-4/L-5 and S-1 radiculopathy. 3. Abnormal MRI of the cervical spine in 2011 showing 7-8 mm disc bulge at the C6-7 level. 4. Pain and numbness of left arm due to cervical radiculopathy versus brachial plexus injury. 5. Status post arthroscopic surgery, left knee, 02/13/13. Chronic insomnia, major depression. [REDACTED] is requesting for Hydrocodone/APAP 10/325 mg tabs #240. The patient is also taking Tramadol HCL, Fluoxetine, and Mirtazapine. The utilization review determination being challenged is dated 02/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/25/13-02/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG TABS #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES CHAPTER ON CHRONIC PAIN, OPIODSOFFICIAL DISABILITY GUIDELINES CHRONIC PAIN MEDICATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Long-term Users of Opioids Page(s): 60, 61; 88, 89.

Decision rationale: According to the 02/03/14 report by [REDACTED], the patient presents with numbness and weakness of the bilateral lower extremities. The request is for Hydrocodone/APAP 10/325 mg tabs #240. The patient has been taking Hydrocodone since 10/25/12. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.