

Case Number:	CM14-0032751		
Date Assigned:	06/23/2014	Date of Injury:	07/18/2012
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 man who sustained a work related injury on July 18, 2012. Subsequently, he developed chronic low back pain. The pain radiates into the right leg. The patient was diagnosed with lumbar spondylolisthesis, posterolateral disc extrusion at L4-5 and status post hemilaminectomy at L4-L5 and L5-S1. The patient was continuously treated with hydrocodone without sustained benefit. According to a note dated on December 2, 2013 the patient has no evidence of pain relief or functional benefit to her from hydrocodone use. A recommendation was provided to the patient from Anexsia. According to a note dated January 9, 2014 the patient's first lumbar epidural steroid injection provided him with significant relief. In addition, the patient has been authorized for consultation with psych. The patient was recommended to continue the use of Anexsia as it does reduce his pain. The patient was reevaluated on February 3, 2014, at which time the patient reported pain 9/10 that reduces down to 3/10 with Anexsia. The medication allowed to stand and walk 50 minutes as opposite 50 minutes without medications. The patient reports erectile dysfunction, depression, and stress. Examination demonstrated decrease range of motion, tenderness, decrease sensation on the right L4-S1 and on the left L4-L5, and 2+ reflexes. Previously, the patient was treated with Soma, aquatheapy and Zanaflex, however there is no clear documentation of the outcome of the use of these therapies. The provider requested authorization for Hydrocodone 7.5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg #60 1 tablet by mouth every 6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, pain Opioids, criteria for use, when to discontinue opioids, opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, the lowest possible dose should be prescribed to improve pain and function, 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 non adherent) 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. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Anexsia). Although the patient was reported that his walking improved and his pain was reduced (reported in one note), there is no report of significant functional improvement. There is no clear documentation of the efficacy/safety of previous use of Anexsia. There is no recent evidence of objective monitoring of compliance of the patient with his medications. There is no documentation of trial and failure/allergy to non narcotic pain medications such as antidepressant and anti epileptic drugs. In addition, the patient developed erectile dysfunction which is on the side effect of high dose of hydrocodone. Therefore, the prescription of Hydrocodone 7.5/325mg #60 is not medically necessary.