

Case Number:	CM14-0033650		
Date Assigned:	04/30/2014	Date of Injury:	06/02/1996
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/18/2014

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 Internal Medicine and is licensed to practice in New York. 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 52 year old male who was injured on 06/02/1996. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing a bilateral laminotomy, neurolysis with bone graft from the left iliac crest, anterior fusion at L5-S1 as well as posterior decompression and fusion February of 1998. He received injections at both the L3-4 and L4-5 facet joints. He currently uses two 5 mg hydrocodone a day and Advil to manage his pain. Diagnostic studies reviewed include MRI and CT scan which showed only degenerative changes at the facet joints L4-5. There were no urine drug screens submitted for review. Progress note dated 12/13/2013 documented the patient did well after surgery and only recently has been having increasing problems with low back pain. The treating provider has requested Hydrocodone/APAP 5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCO/APAP 5-325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic pain Page(s): 76-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The ODG recommends short-term opioids for failed back surgery syndrome for short term only. Patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pain pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important therefore to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. The medical records document that the patient may have opioid hyperalgesia which is not unusual with failed back surgery syndrome. As per CA MTUS guidelines, "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 medical records failed to document objective functional improvement or pain relief with the use of this medication. The guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. There is no documentation submitted that a urine drug screening was done. Medical necessity for the requested item has not been established. The requested item is not medically necessary.