

Case Number:	CM14-0035490		
Date Assigned:	06/23/2014	Date of Injury:	07/18/2002
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 & Rehabilitation and Pain Management 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 57 year old male with an injury date of 07/18/02. Based on the 02/04/14 progress report provided by [REDACTED] the patient complains of pain and discomfort involving the neck and lower back. There is a decreased cervical and lumbosacral motion, Positive straight leg raising test in present in the legs. The patient's diagnoses include the following: 1.Cervical disc injury. 2.Lumbosacral disc injury. 3.Lumbosacral radiculopathy. 4.Lumbosacral sprain/strain injury. 5.Myofascial pain syndrome. [REDACTED] is requesting for one prescription of Hydrocodone 10/325 mg #120. The utilization review determination being challenged is dated 02/19/14. [REDACTED] is the requesting provider and he provided treatment reports from 08/22/13- 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (2009); Opioids, Hydrocodone/Acteminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use Page(s): 78, 88-89.

Decision rationale: According to the 02/04/14 report by [REDACTED], the patient presents with pain and discomfort involving the neck and lower back. The request is for one prescription of Hydrocodone 10/325 mg #120. The patient has been taking Norco from at least 08/22/13. 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 (Activities of Daily Living), 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. Although a pain scale was provided, 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 (Activities of Daily Living). Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Therefore, the request for Hydrocodone 10/325mg #120 IS not medically necessary and appropriate.