

Case Number:	CM14-0048970		
Date Assigned:	04/17/2014	Date of Injury:	05/10/1998
Decision Date:	05/02/2014	UR Denial Date:	04/04/2014
Priority:	Expedited	Application Received:	04/17/2014

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 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:

This 67 year-old patient sustained an injury on 5/10/98 while employed by the [REDACTED]. Request under consideration include HYDROCODONE/APAP 10/325 MG #540. The patient is s/p bilateral knee replacements. Report of 3/31/14 from the provider is somewhat illegible and noted the patient presented for follow-up of chronic knees/hip pain which was "status quo"; however, with increased low back pain since falling onto his back 2 weeks prior when his legs gave out; denied any loss of consciousness; left emergency room before being seen; had gradual improvement; denied bowel or bladder changes. Exam showed patient uses cane, tense musculature; limited range of motion; no paravertebral tenderness to palpation. Diagnoses included chronic low back pain. Treatment plan included medications; patient never attended ortho consult; trigger thumb has spontaneously resolved. Current medications list Duragesic patch 200 mcg/hr. Q72 hours and Hydrocodone 10/325 mg 6-8/day. Request for Hydrocodone/APAP 10325 mg #540 was partially-certified for quantity of #135 to initiate in weaning process citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG, QTY: 540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

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

Decision rationale: This 67 year-old patient sustained an injury on 5/10/98 while employed by the [REDACTED]. Request under consideration include HYDROCODONE/APAP 10/325 MG #540. The patient is s/p bilateral knee replacements. Report of 3/31/14 from the provider is somewhat illegible and noted the patient presented for follow-up of chronic knees/hip pain which was "status quo"; however, with increased low back pain since falling onto his back 2 weeks prior when his legs gave out; denied any loss of consciousness; left emergency room before being seen; had gradual improvement; denied bowel or bladder changes. Exam showed patient uses cane, tense musculature; limited range of motion; no paravertebral tenderness to palpation. Diagnoses included chronic low back pain. Treatment plan included medications; patient never attended ortho consult; trigger thumb has spontaneously resolved. Current medications list Duragesic patch 200 mcg/hr. Q72 hours and Hydrocodone 10/325 mg 6-8/day. Request for Hydrocodone/APAP 10325 mg #540 was partially-certified for quantity of #135 to initiate in weaning process citing guidelines criteria and lack of medical necessity. The patient's current opiate MED is 540 mg/day, beyond the guidelines recommendation not to exceed 120 mg/day with evidence of functional improvement; however, that has not been demonstrated from the submitted reports. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The HYDROCODONE/APAP 10/325 MG #540 is not medically necessary and appropriate.