

Case Number:	CM14-0054896		
Date Assigned:	07/09/2014	Date of Injury:	01/04/2001
Decision Date:	08/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/24/2014

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 Arizona. 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 complainant is a 69-year-old man who, according to the orthopedist, had a work injury on January 3, 2011 (the last reviewer's note states it was January 4, 2001). He sustained an injury to the lumbosacral spine. He is status post an L2-3 laminectomy with a fusion at L2-3, L3-4, and L4-5 & L5-S1 using a bone graft May 25, 2012. The batch of notes included with this authorization request includes a January 17, 2014 note from the orthopedist and a retro-utilization review, dated March 19, 2014, for hydrocodone 10/325 mg prescription, quantity 120, with no refills. This independent medical review is on this hydrocodone prescription. The orthopedist mentions he last saw the patient on December 16, 2013 and was disturbed that an electromyography/nerve conduction velocity (EMG/NCV) study had been denied and the lumbar CT (computerized tomography) scan had not yet been done. Apparently an MRI had also been ordered, but he commented that the patient had metal blocks in the lumbar spine (implying that the MRI could not be obtained). At that time he presented with a complaint of moderately severe pain of the lower back with progressive weakness of both legs. He has a worsening foot drop and has nearly fallen several times. His pain is aggravated by twisting, turning and bending activities. He needs help from his wife with showering and other activities of daily living. He can only walk for a short period time before his legs become fatigued. He has nearly fallen several times. He had a confirmatory exam showing decreased range of motion, weakness, and tenderness and guarding. The orthopedist was concerned with a possible cauda equina syndrome and wanted to get all of the ordered studies to determine if the patient would need another surgical intervention. There are not enough records submitted with this Independent Medical Review to show what medications the patient is on and what conservative therapies has he tried in order to ameliorate his pain. Also, there is no indication of whether this patient has been on opiates long-term or if

this new prescription is for a flare in his pain. There is no mention of side effects and if there are any concerns for opiate abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hydrocodone/APAP 10/325mg #120, 0 refill. Prescription Date 03/19/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatments, Criteria for Use of Opioids, On-Going Management Page(s): 78 79.

Decision rationale: The MTUS addresses the criteria for both initiating Opioids and for ongoing maintenance with Opioids. With this prescription for Hydrocodone 10/325mg- 4/ day, it is presumed the patient has been using an opiate for long-term management of his pain. The MTUS specifically states that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Furthermore, there are 4 A's for ongoing monitoring: 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 for documentation of the clinical use of these controlled drugs. This patient possibly meets the criteria for being maintained on an opiate; however the documentation is scanty regarding his program for pain management. What conservative treatments have been tried? Have there been any physical therapy, exercise, chiropractic treatments, and acupuncture? Is he on any other medication to include an anti-inflammatory, gabapentin, Lyrica or possibly tricyclic antidepressants (TCA) or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressant? Is the patient having any serious side effects with his opiate? Are there any drug seeking behaviors? The records lack a number of these elements listed above, and specifically is lacking a discussion on the level of functional improvement afforded by the chronic opioid therapy. The records, as presented in this packet, do not demonstrate medical necessity for Hydrocodone 10/235mg, quantity 120 and therefore is currently deemed medically unnecessary.