

Case Number:	CM14-0096762		
Date Assigned:	09/23/2014	Date of Injury:	01/11/2000
Decision Date:	10/24/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 49-year-old male who reported a date of injury of 01/11/2000. The mechanism of injury was reported as a lifting injury. The injured worker had diagnoses of lumbar facet hypertrophy, multiple HNP of the lumbar spine, status post medial branch block with significant and functional improvement, and lumbar radiculopathy. Prior treatments included physical therapy, acupuncture, and a home exercise program. The injured worker had an EMG on 01/08/2014 with an unofficial report indicating, the study was normal; an MRI on 10/04/2011 with unofficial findings indicating neural foraminal narrowing at the L4-5 area. Surgeries included unspecified back surgeries in 02/2002 and in 2005. The injured worker had complaints of low back pain with the pain rated at 6-7/10, describing the pain as cramping, with sensations of pins and needles, and numbness, radiating down the bilateral lower extremities to the feet. The clinical note dated 05/21/2014 noted the injured worker had tenderness to palpation of the lumbar midline, approximately L5-S1 and left paraspinal muscles, decreased flexion, decreased extension, the toe to heel walk caused pain in the low back, and had a positive straight leg raise on the left. Medications included Ketoprofen, Norco and Hydrocodone. The treatment plan included the physician's recommendation for a bilateral TFESI L4 and L5, Ketoprofen, Norco, Prilosec, and for the injured worker to follow-up in 4 weeks. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Hydrocodone/APAP 10/325mg #90 is not medically necessary. The injured worker had complaints of low back pain with the pain rated at 6-7/10, describing the pain as cramping, with sensations of pins and needles, and numbness, radiating down the bilateral lower extremities to the feet. The California MTUS Guidelines indicate the lowest possible dose of opioids should be prescribed to improve pain and function in ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be documented. 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 the 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. Opioids appear to be efficacious but limited for short term pain relief in chronic back pain patients, and long term efficacy is unclear, greater than 6 to 8 weeks, but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The guidelines indicate opioids should be limited for short term pain relief. However, the injured worker is noted to have been prescribed hydrocodone at least since the 04/11/2013 examination, which exceeds the recommended guidelines of short term use. Furthermore, there is a lack of documentation of an accurate pain assessment to include the injured worker's current pain, least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it took for pain relief, and how long the pain relief lasted. Additionally, the request as submitted did not indicate a frequency of the medication's use. As such, the request is not medically necessary.