

Case Number:	CM14-0117510		
Date Assigned:	08/04/2014	Date of Injury:	02/03/2013
Decision Date:	01/31/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine Rehab, 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 37-year-old male with a date of injury of 02/03/2013. According to progress report dated 06/16/2014, the patient presents with stiffness and inflammation along the cervical and lumbar spine. Examination of the cervical spine revealed tenderness in the paravertebral muscles. Spasm is present. Range of motion is moderately restricted. Deep tendon reflexes are normal and symmetrical. Sensation and motor strength are grossly intact. Examination of the lumbar spine revealed paravertebral muscles are tender and spasm is present. Range of motion is restricted and sensory and motor strength are grossly intact. There is positive straight leg raise bilaterally. The listed diagnoses are: 1. Cervical strain. 2. Head injury, not otherwise specified. 3. Lumbar radiculopathy. Treatment plan was for physical therapy and medications including ketoprofen, omeprazole, hydrocodone 5/325 mg, carisoprodol 350 mg, and Voltaren gel. The patient is temporarily totally disabled for 6 weeks. The request is for hydrocodone 5/325 mg #60. The utilization review denied the request on 06/25/2014. Treatment reports from 01/03/2014 through 06/06/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 mg # 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

Decision rationale: This patient presents with neck and low back pain. The current request is for hydrocodone 5/325 mg #60 with 1 refill. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing hydrocodone since at least 01/13/2014. In this case, recommendation for further use cannot be supported as the treating physician has not provided before and after pain scales to document analgesia and ADLs or functional improvement are not discussed. There are no urine drug screens, and aberrant issues and possible side effects are not provided. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate usage. The requested medication is not medically necessary and recommendation is for slow weaning per MTUS Guidelines.