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| Case Number: | CM14-0126372 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 01/09/2011 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 08/08/2014 |

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 Pain Management 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 58 year old male with an injury date on 1/9/11. The patient complains of continuing upper/mid/lower back pain per 3/31/14 report. The patient describes his back pain as aching, pins and needles, and it radiates into the left lower extremity with numbness/tingling down to his foot, with pain rated 10/10 per 3/31/14 report. The patient is unable to be treated with acupuncture or physical therapy because of increase of pain during treatments per 3/31/14 report. The patient has discontinued Ultram and begun to take Advil, as Ultram caused him to feel lightheaded, cotton-mouthed, and dazed per 1/29/14 report. Based on the 3/31/14 progress report provided by the treating physician, the diagnoses are: 1. thoracic spine pain 2. Thoracic and lumbar compression fractures T11-12 and L1 3. Lumbar facet hypertrophy L4-5, L5-S1 with MRI evidence and focal tenderness to palpation over facets, positive facet challenge on the left 4. Lumbar degenerative disc disease. A physical exam on 3/31/14 showed "L-spine range of motion is decreased. Positive straight leg raise on the left." The patient's treatment history includes only medications. The treating physician is requesting Hydrocodone APAP 5/325mg #120. The utilization review determination being challenged is dated 7/8/14. The requesting physician provided treatment reports from 12/4/13 to 3/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325 Mg: #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78; 88 and 89.

Decision rationale: This patient presents with back pain. The provider has asked for Hydrocodone APAP 5/325mg #120 on 3/31/14. Patient has been taking hydrocodone since 12/4/13. The patient takes Norco twice a day, once at 7am and once at 7pm, and it wears off about one or two hours before he is to take his second dose of Norco in the evening per 3/24/14 report. The patient wishes for a longer acting pain medicine per 3/24/14 report, and will be prescribed a trial of Tramadol at the next visit. For chronic opioids use, 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. In this case, the provider indicates a decrease in pain with current medications which include Hydrocodone, stating "medication helps to decrease his pain level from 10/10 to 7/10" per 3/31/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.