

Case Number:	CM14-0170688		
Date Assigned:	10/23/2014	Date of Injury:	06/03/2013
Decision Date:	03/11/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 year 44 year old male sustained an industrial injury on 6/3/13. He subsequently reports ongoing low back pain with radiation of pain into his right lower extremity. The injured worker has been diagnosed with displacement of lumbar disc. The injured worker has undergone physical therapy. Medications include Ibuprofen, Mobic, Hydrocodone/APAP, Norflex and Protonix. On 9/23/14 Utilization Review modified certification for Hydroco/APAP Tab 10/325 mg 30 days supply quantity 60 for weaning noting the lack of indications in MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP TAB 10/325mg, Days Supply: 30, QTY: 60, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The 44 year patient presents with pain in lower back that radiates to the right lower extremity along with spasms in the right lower lumbar region, as per progress report dated

06/30/14. The request is for HYDROCODONE/APAP TAB 10/325 mg, DAYS SUPPLY 30 QTY:60, # 2. There is no RFA for this request. The date of injury is 06/03/10. The patient has been diagnosed with lumbar spine bulging discs at L4-5 and L5-S1, and right-sided S1 radiculopathy, as per progress report dated 06/30/14. Medications, as per the same report, include Norco, Motrin, Norflex and Protonix. The patient has been allowed to return to work with restrictions. 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, a prescription for Norco is first noted in progress report dated 04/30/14. A prescription for Ultram (another opioid) was noted in prior progress report dated 03/26/14. It is, therefore, reasonable to assume that the patient has been taking opioids for a long time. The patient has been allowed to work with restrictions, as per progress report dated 06/30/14. However, none of the available reports document a change in pain scale or use a validated instrument to show significant functional improvement. No CURES and UDS reports have been provided for review. The treater does not document the side effects associated with the medications as well. MTUS requires clear discussion about 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued Hydrocodone use. This request IS NOT medically necessary.