

Case Number:	CM14-0181296		
Date Assigned:	11/06/2014	Date of Injury:	04/24/2012
Decision Date:	02/03/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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:

This 54 year old male continues to complain of low back pain, rated 6/10, and radiating neck pain, rated 3-4/10, stemming from a work related injury reported on 4/24/2012. Diagnoses include: cervical radiculopathy; lumbar radiculopathy; facet arthropathy of lumbar spine; multi-level disc herniations of the cervical spine with moderate to severe neural foraminal narrowing; moderate degenerative joint disease of the right knee; chondromalacia patella right knee; lateral meniscus tear of the right knee; anxiety and depression. Treatments have included consultations; diagnostic imaging and studies; a functional capacity evaluation; and medication management. The injured worker is noted to be permanent and stationary with modified work duties, if available, or instructed not to work. The rating impairment findings, reportedly done on 5/13/2013, show the injured worker had reached maximum medical improvement, with 25% of the lumbar spine impairment being caused by pre-existing disease and 75% to the industrial injury; a 100% of the neck symptoms being caused by pre-existing degenerative changes of the cervical spine; and a 100% of the right knee symptoms, impairment and disability being due to pre-existing conditions. Permanent work restrictions were recommended at that time. A questionnaire, dated 9/12/2014, filled out by the injured worker notes an answer of 'yes' to the question of having side effects to medications; answering "feel drowsy, sleepy and fatigued", and listing Hydrocodone and Gabapentin. Also noted was the injured worker was currently working modified duty and stating feeling irritable with a lack of energy, focus and concentration from lack of sleep; reported to be 5 hours a night. He described having headaches with consistent and intensified neck and low back pain. Objective findings, same date, noted diminished reflexes and sensation, with tenderness, at lumbar 4 dermatomes; spasms to the bilateral paraspinal region; and neck pain with negative SLR and Spurling's test. The physician stated that the injured workers condition had taken a turn for the worse with increased back and leg complaints. The

treatment plan included discussing physical therapy; chiropractic treatment, acupuncture; injections; surgery; living with the pain; and MRI of the lumbar spine. A trial of Flexeril, secondary to lower back spasms was noted; with follow-up in 6 weeks. Requested was the continuation of Hydrocodone 10/325mg #150, along with Neurontin 600mg and Prilosec. On 10/17/2014, Utilization Review non-certified, for medical necessity, a request for Hydrocodone/APAP 10/325mg, #90 and Hydrocodone/APAP 10/325mg #60 stating that opioid's are not intended for long-term use of moderate to moderate-severe pain. The reviewer stated that the injured worker had been on long-term opiates and that the medical records did not clearly reflect the continued analgesia, continued functional benefit, or a lack of adverse side effects, and therefore did not meet the recommended requirements that require clear and concise documentation, using the 4 A's as a framework, to measure outcomes and therapeutic effects of ongoing opioid management set forth by MTUS for Chronic pain medical treatment guidelines.

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 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (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. There is no clear justification for the need to continue the use of Hydrocodone. The patient was previously treated with Hydrocodone without any evidence of pain and functional improvement. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Hydrocodone/APAP 10/325mg #90 is not medically necessary.

Retrospective request for Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (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. There is no clear justification for the need to continue the use of Hydrocodone. The patient was previously treated with Hydrocodone without any evidence of pain and functional improvement. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Hydrocodone/APAP 10/325mg #60 is not medically necessary.