

Case Number:	CM14-0189139		
Date Assigned:	11/20/2014	Date of Injury:	01/01/2002
Decision Date:	01/08/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 & Rehabilitation, 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:

This patient is a 39 year old male with an injury date of 1/19/02. Work status as of 9/22/14 has been deferred to the primary treating physician. Based on the 9/22/14 progress report, this patient continues to have mid-back pain, lower back pain, and pain in the interscapular region, greater on the left than right. The pain "constantly radiates down bilateral thigh, leg, and foot." Patient complains the pain increases with activities and is worse in the morning. Objective Findings: 1. Tenderness to palpation from T3-T9 level bilaterally 2. Pain on extension and flexion movements of the thoracic spine 3. Loss of lumbar lordosis 4. Tenderness to palpation of the paraspinal muscles at 2+ on the right, left and in the midline 5. Decreased range of motion of the lumbar spine with pain at 2+ 6. Patellar and Achilles tendon reflexes are positive, 2+, bilaterally 7. Sciatic and femoral tension signs are positive, 2+ bilaterally
Diagnoses/Assessment: 1. Status post lumbar laminectomy and microdiscectomy, L5-S1 2. Disc protrusion, L4-L5, per MRI dated January 29, 2007 3. Lumbar radiculopathy, secondary to disc protrusion 4. Herniated nucleus pulposus, cervical spine, deferred 5. Cervical sprain/strain, deferred 6. Herniated nucleus pulposus, lumbar spine 7. Sprain, bilateral radial carpal joint, deferred 8. Osteoarthritis, wrist, deferred 9. Status post-surgery, deferred 10. Bilateral cubital tunnel syndrome, deferred 11. Bilateral carpal tunnel syndrome, deferred 12. Depression, by history, deferred 13. Drug dependency, episodic 14. Degenerative arthritis, right hip, deferred The utilization review being challenged is dated 10/13/14 and was not certified "based on the 10/13/14 discussion with the assistant, whereby the request did not meet preliminary guidelines and is not supported by medical necessity." The request is for Hydrocodone 10mg. The requesting provider [REDACTED] and he has provided reports from 4/07/14 to 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria For Use Of Opioids Page(s): 60-61,76-78, and 88-89.

Decision rationale: This patient presents with ongoing mid-back pain, low back pain, and pain that constantly radiates down bilateral thighs, legs, and feet. The treater requests Hydrocodone 10mg per report dated 9/22/14. MTUS guidelines pages 88 and 89 state, "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 four As (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. According to MTUS, opioid use for chronic back pain "appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears to be limited." Based on a review of the submitted reports (4/07/14 to 9/22/14), the treater "counseled patient for tapering down his medications and on side effects previously," but patient "does not agree to decrease his medications because he is experiencing pain every day and his pain is the same since his last visit." This patient's diagnoses or status remains unchanged and this patient also has a documented history/diagnosis of drug dependency (episodic). Patient's reported pain level is 6/10 in the seven reports. Patient is "doing DRX 9000, physical therapy, aquatic therapy, and acupuncture." Patient had a UDS performed on 7/02/14 and "Rx confirmed the presence of Hydrocodone." Another UDS was collected on 4/07/14, "positive for Opioids and Hydrocodone, but negative for Benzodiazepines and Zolpidem." A modification in the quantity and frequency would seem reasonable to initiate a weaning schedule, due to the possibility of adverse effects from abrupt discontinuation. Furthermore, given the lack of documentation of pain and function (compared to baseline), response to opioid use, strategy for maintenance, and side effects/outcomes, the request for Hydrocodone does not seem a medical necessity. The request is not medically necessary.