

Case Number:	CM14-0195380		
Date Assigned:	12/03/2014	Date of Injury:	04/06/2007
Decision Date:	01/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/21/2014

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:

The patient is a 61-year-old female with a date of injury of 04/06/2007. According to progress report 06/03/2014, the patient presents with lumbar spine, left knee, and left ankle pain. The patient is utilizing Norco for pain relief. Physical examination revealed "patient presents and utilizes a wheelchair walker. The evaluation of the lower extremity is unchanged." Report 11/11/2014 notes the patient continues with right lower extremity symptoms and right knee pain. Physical examination of the left knee revealed fullness and atrophy of the lower extremity secondary to post-polio syndrome. Range of motion is 0-125 degrees. Strength is 4/5 with flexion and extension. The patient has stable knee on examination. The listed diagnoses are myoligamentous lumbar spine sprain/strain, lumbar spondylosis, per MRI scan, history of left knee arthroscopy, post-polio syndrome, left lower extremity and recent history of fall, sustaining left foot injury. The patient remains permanent and stationary. Treatment plan is for patient to continue with activity as tolerated and return to office on as needed basis. This is a request for hydrocodone/APAP tablet 5/325 mg #60. The utilization review denied the request on 11/13/2014. Treatment reports from 12/10/2013 through 11/25/2014 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/APAP Tab 5-325 MG #60: Upheld

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

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

Decision rationale: This patient presents with ongoing pain in the lumbar spine, left knee, and left ankle. The current request is for hydrocodone/APAP tablet 5/325 mg #60. 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 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. This patient has been prescribed Hydrocodone since at least 12/10/2013. Progress reports indicate the patient is taking Norco for pain relief. There is no discussion regarding this medication's efficacy. There are no before and after scale to denote decrease in pain, no discussion of specific functional improvement, changes in ADL, or improvement in quality of life with taking long term Norco. There are no urine drug screens, discussion of aberrant behaviors or possible side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Hydrocodone is not medically necessary and recommendation is for slow weaning per MTUS.