MAXIMUS Federal Services

Case Number:	CM14-0197856		
Date Assigned:	12/08/2014	Date of Injury:	07/29/2010
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 40 year old male with an injury date on 07/29/2010. Based on the 09/10/2014 progress report provided by the treating physician, the diagnoses are: 1. Spondylolisthesis, congential 2. Spinal stenosis of lumbar region 3. Pseudoarthrosis of lumbar spine with delayed hearing. According to this report, the patient complains of "continued back and right leg pain as markedly interfering with life." Aggravating factors includes ascending stairs. Right leg pain has increased since last visit. Physical exam reveals decreased lumbar range of motion, especially in extension. Pain increased with spinal movement. Decreased sensation is noted in the right leg. Deep tendon reflex of the knees/ankles is absent. Straight leg raise is positive and painful. The 07/18/2014 report indicates "Examination unchanged. Report reference less range of motion (ROM)." Patient's treatment to date includes "ant/post decomp./fusion L4-5" in 2012.
There were no other significant findings noted on this report. The utilization review denied the request for Hyrocodone / APAP / 5/325mg #90 on 11/14/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/30/2014 to 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #93: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPIOIDS Page.

Decision rationale: According to the 09/10/2014 report, this patient presents with "continued back and right leg pain as markedly interfering with life." The current request is for Hydrocodone / APAP / 5/325mg #90. This medication was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, California 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 provided reports do not show documentation of pain assessment; no numerical scale is used describing the patient's function. No specific ADL's or return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly document the 4 A's as required by MTUS. Therefore, the request is not medically necessary.