

Case Number:	CM14-0199292		
Date Assigned:	12/09/2014	Date of Injury:	12/17/2012
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/26/2014

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 49 year old male with an injury date on 12/17/12. The patient complains of mid and low back pain per 10/30/14 report. The patient is s/p medial branch blocks at T6-T8 bilateral on 10/2/14 with 80% improvement that lasted one day per 10/30/14 report. Although the pain has returned, it is slightly less than before the injection per 10/30/14 report. The patient's mid back pain is rated between 3-9/10 on VAS without medications and 1-3/10 on VAS with medications per 9/29/14 report. The patient has very minimal and intermittent complaints of his low back pain per 9/29/14 report. Based on the 10/30/14 progress report provided by the treating physician, the diagnoses are: 1. facet arthropathy L3-52. stenosis L3-4 and L4-53. right transverse process fractures L3, L4, and L54. T6-10 facet arthropathy5. T6-8 spinous process fractures6. closed head injury with posttraumatic headaches and tinnitusA physical exam on 9/4/14 showed "extension of the thoracic spine causes pain. Straight leg raise negative bilaterally." The patient's treatment history includes medications, MRI L-spine, CT scan L-spine, TENS unit, radiofrequency rhizotomy L3 to L5. The treating physician is requesting hydrocodone/APAP 10/325mg #120. The utilization review determination being challenged is dated 11/6/14. The requesting physician provided treatment reports from 4/9/14 to 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS, medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: This patient presents with mid/low back pain. The treater has asked for Hydrocodone/APAP 10/325MG #120 on 10/30/14. Patient has been taking hydrocodone since 4/9/14 report. For chronic opioids 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 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, the treater does not indicate a decrease in pain with current medications which include hydrocodone in reports dated 4/9/14 to 10/30/14. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.