

Case Number:	CM14-0203303		
Date Assigned:	01/30/2015	Date of Injury:	08/23/2001
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female reportedly sustained a work related injury on August 23, 2001 due to tripping on carpet. Diagnoses include arthritis, migraine headaches, lumbar sympathetic block, ankle pain, spasm of muscle, peripheral neuropathy and unidentified surgeries on the ankle, arm and shoulder. No diagnostic studies were provided. Pain relief follow up office visit dated August 9, 2014 notes the injured worker complains of continued and unchanged left leg pain. Pain is rated 10/10 without medication and 3/10 with medication. Physical exam revealed antalgic gait with difficulty transferring from sitting to standing, crepitation in left ankle and pain on palpation. Pain management visit dated November 13, 2014 is essentially unchanged from previous visit with complaints of pain and spasticity in left leg and ankle. Pain during activities of daily living (ADL) remains rated 3-4/10. Medications are listed as Gabapentin 600 mg 4 times a day, Tizanidine 4 mg 1 or 2 tabs at bedtime as needed. On November 25, 2014 utilization review determined a request dated November 13, 2014 for Hydrocodone-Acetaminophen 10/235 mg 2 tabs 4 times a day when needed #240 to be non-certified. Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were cited in the decision. Application for independent medical review (IMR) is dated December 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325 mg 2 tabs, 4 times a day, when needed #240:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78,88-89.

Decision rationale: This patient presents with chronic left lower extremity pain. The current request is for hydrocodone-acetaminophen 10-325 mg 2 tablets 4x/day p.r.n. #240. The Utilization review denied the request stating that "there is sufficient documentation to provide the breakthrough regimen; however providing this medication is for 2 tablets 4 times/day, it is not adjustable with excessive amounts. For chronic opioid use, the 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. Review of the medical file indicates the patient has been utilizing hydrocodone/acetaminophen as early as 06/30/2014. The treating physician states that the patient is able to participate in activities of daily living including providing rides for his children and helping with household chores including yard work. He is also able to participate in social activities including going to parties, theater, concerts, dining out, and other social functions. With medication, pain is rated as 3/10 and without medication pain increases to 10+/10. It was noted the patient has no aberrant behaviors and no adverse side effects with medications. Progress reports note patient has signed opiate contract which is on file and spot checks of the Department of Justice, patient's activity reports have been appropriate. Urine toxicology screens are provided to monitor for compliance which have been consistent thus far. In this case, given the patients continued pain and the treating physician's documentation of the 4As as required by MTUS for opiate management, the requested refill of Hydrocodone-acetaminophen is medically necessary.