

Case Number:	CM14-0203812		
Date Assigned:	12/16/2014	Date of Injury:	11/26/2000
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 is a 60 year old male who suffered a work related injury on 11/26/2000. Diagnoses include degenerative disc disease of the lumbar spine, Magnetic Resonance Imaging done on 10/08/2014 revealed Lumbar 4-Lumbar 5 grade 1 anterolisthesis of the L4 vertebral body with respect to L5. There is ligamentum flavum hypertrophy. The AP diameter spinal canal is stenotic and measures 9.5mm. There is a triangular appearance to the canal. There is moderate bilateral neural foraminal stenosis. There is loss of disc space height, disc desiccation. Lumbar 5-Sacral 1 reveals loss of disc space height and disc desiccation at this level. There is moderate left greater than right neural foraminal stenosis. No central spinal stenosis. A physician progress note dated 11/13/2014 documents the injured worker has back pain. The request for Celebrex was denied and the injured worker has been on this medication for 10 years. It was noted he gets objective functional improvement directly related to the Celebrex, he functions and sleeps better. The request is for Hydrocodone/acetaminophen 10/325mg, # 60 with two refills. Utilization Review dated 11/20/2014 non-certified the request for Hydrocodone/ acetaminophen 10/325mg, # 60 with two refills citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)-Opioids for Chronic Pain. Appears to be efficacious but limited for short-term relief, and long-term efficacy is unclear (> 16 weeks), but also appears to be limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Hydrocodone/acet 10/325 mg # 60 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab) Page(s): 51.

Decision rationale: The patient presents with pain affecting his back. The current request is for Pharmacy purchase of Hydrocodone/acet 10/325 mg # 60 with two refills. The treating physician states that the patient is able to sleep better with medication (17). Unfortunately, the records submitted are fairly illegible. For chronic opiate use, 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 treating physician has not documented pain relief, functional improvement, side effects or adverse behaviors with opioid usage. The MTUS guidelines require thorough documentation of opioid effectiveness and there are no records provided to support the medical necessity of this request. Recommendation is for denial.