MAXIMUS Federal Services

Case Number:	CM14-0204329		
Date Assigned:	12/16/2014	Date of Injury:	08/01/2011
Decision Date:	02/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, 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 50 year old male with an injury date of 08/01/11. The 07/31/14 progress report states that the patient has had worsening back pain with radiation to the lower extremities, buttocks, thighs and calves. It is worse on the left than right. He states that he takes several pain medications a day with minimal relief. According to the 08/11/14 report, the patient continues to have back pain radiating to his legs, which he rates at an 8/10. Without pain medications, he rates his pain as a 10/10. The 09/30/14 report indicates that he is getting intermittent numbness/tingling in all of his toes and his left big toe is constantly numb. He complains of severe muscle spasm in his legs. The patient's diagnoses includes the following:1. Lumbar Spondylolisthesis2. Lumbar stenosis3. Lumbar disc displacement4. Lumbar radiculopathy5. Right anke sprain and strain6. Pain related insomnia7. Myofascial Syndrome8. Neuropathic pain9. Pain-related sexual dysfunctionThe utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 04/15/14 - 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Apap tab 10/325mg #120: Upheld

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

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

Decision rationale: The patient presents with worsening back pain with radiation to the lower extremities, buttocks, thighs, and calves as well as intermittent numbness and tingling in all of his toes. The request is for Hydrocodone/Apap tab 10/325 mg #120. The patient has been taking Hydrocodone as early as 04/15/2014.MTUS Guidelines, pages 88-89 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 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" for 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. The patient had urine drug screens on 08/11/2014 and 09/30/2014, which showed that the patient was compliant with his prescribed medications.Although there were pain scales and urine drug screens mentioned, not all 4 A's were addressed as required by MTUS guidelines. There were no examples of ADLs which demonstrate medication efficacy, nor were there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such as CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. The treating physician has failed to address all four A's as required by MTUS guidelines for continued opiate use. The requested Hydrocodone/Apap is not medically necessary.