

Case Number:	CM14-0217889		
Date Assigned:	01/07/2015	Date of Injury:	06/06/2008
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 injured worker is a 55 year old female, who sustained an industrial injury on 6/6/2008. She has reported injury to her back, left knee, right shoulder and right elbow. The diagnoses have included degeneration of lumbar/lumbosacral disc and status post lumbar fusion. Treatment to date has included medications, surgery and physical therapy. Currently, the IW complains of increased back and neck pain. She has been doing physical therapy and has noticed increased back pain with modalities utilized. She will continue with physical therapy as she is deconditioned. She states that she is doing well with taking four Norco tablets per day for the pain. Physical exam revealed normal appearing gait, restricted lumbar range of motion with tenderness to palpation in the lower back. The work status was temporary total disability. On 12/9/14 Utilization Review modified a request for Hydroco/APAP tab 10/325mg #120 modified to Hydroco/APAP tab 10/325mg #108 for progressive wean at 10 percent per week, certification expires 1/10/15, noting the synergistic side effects in the face of opioid therapy and increased risk of morbidity and mortality. The (MTUS) Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for hydrocodone. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no documentation of any improvement in function in response to opioids.