

Case Number:	CM14-0098283		
Date Assigned:	07/28/2014	Date of Injury:	01/09/2011
Decision Date:	01/29/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 57 year old male with a date of injury of 01/08/11. He is being treated for thoracic spine pain, thoracic and lumbar compression fractures T11-12 and L1, lumbar facet hypertrophy L4-L5, L5-S1 and lumbar degenerative disc disease. Subjective findings include upper, mid and lower back pain. He is taking his pain medication twice a day and it decreases his pain from 10/10 to 7/10, increases his activity level and improves sleep. The pain medications wear off 1-2 hours prior to his next dose. Objective findings includes decreased range of motion with forward flexion and extension of the lumbar spine, tenderness to palpation over lumbar paraspinal muscles, positive straight leg raise test on left, tenderness over L4-L5, L5-S1 facet joints and positive facet loading of left, decreased sensation over L5-S1 of left leg, 4/5 motor strength of his legs. His electrodiagnostic studies from 7/13 demonstrated a decreased amplitude of left peroneal motor response likely due to atrophy of the EDB, caused by left L5-S1 radiculopathy versus peroneal neuropathy of the ankle. Lumbar MRI from 10/09/13 revealed multilevel discogenic changes with underlying small caliber central canal, significant central canal stenosis at L1-L2 and L2-L3 where CSF buffer diminished without gathering of the cauda equine. There is moderate to severe left foraminal and subarticular gutter stenosis at L5-S1, L4-L5 moderate hypertrophy of the facets and L5-S1 facet hypertrophy. Treatment includes medications (Elavil, ketoprofen, Norco, Flexeril), acupuncture and physiotherapy. He was unable to tolerate acupuncture and physiotherapy due to increased pain during the treatments. The previous Utilization Review found the request for Hydrocodone/APAP 5/325mg #120 non-certified and modified it with a target to wean completely off the medication for 1-2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids Page(s): 51; 74-95.

Decision rationale: This patient is being treated with hydrocodone for chronic thoracic and lumbar spine pain. The ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, average pain, and how long it takes for pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid since 2011, in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. Prior utilization reviews have noted the need for tapering and weaning of the Hydrocodone/APAP 5/325mg, which is appropriate and reasonable given the length of time he has been on opiates and the likelihood of his developing tolerance to this medication. As such, the question for Hydrocodone/APAP 5/325mg #120 is not medically necessary.