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| Case Number: | CM15-0005876 | | |
| Date Assigned: | 01/20/2015 | Date of Injury: | 03/30/2009 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 03/30/2009. The diagnoses have included left L5 deficit. Treatments to date have included epidural steroid injections, lumbar radiofrequency ablation, and medications. Diagnostics to date have included lumbar spine MRI on 09/14/2011 which revealed lumbar spondylosis resulting in mild spinal stenosis at L4-L5 and bilateral L5-S1 and lesser extent bilateral L4-L5 neural foraminal narrowing. In a progress note dated 12/17/2014, the injured worker presented with complaints of low back and left leg pain. The treating physician reported tenderness to palpation over the left sciatic notch and the left paralumbar musculature. Utilization Review determination on 12/16/2014 non-certified the request for Hydrocodone/APAP (acetaminophen) 5/325mg #40 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/apap 5/325mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 low back pain with tenderness over the left sciatic notch and left paralumbar musculature. The current request is for hydrocodone/APAP 5/325 mg #40. The utilization review denied the request stating that guidelines support the use of medications after evaluation and documentation of physical examination and indications that the claimant has increased functionality with the use of pain medications. 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. The medical file provided for review includes 3 progress reports dated 10/21/2014, 12/17/2014, and 01/14/2015. Only 1 progress report dated 12/17/2014 lists Norco as a current medication. There is no further discussion regarding medications. In this case, recommendation for further use of hydrocodone/APAP cannot be supported as there are no discussions regarding functional improvement, changes in ADLs, or change in work status to document significant functional improvement. There are no before and after skills provided to denote a decrease in pain with utilizing opioids. Urine drug screens have not been provided, and there are no discussions regarding possible aberrant behaviors or adverse side effects with medication. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested hydrocodone/APAP IS NOT medically necessary, and recommendation is for slow weaning per MTUS.