

Case Number:	CM15-0142795		
Date Assigned:	08/03/2015	Date of Injury:	07/26/2002
Decision Date:	09/04/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/23/2015

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:

This 49 year old male sustained an industrial injury to the low back on 2-27-04. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging. In a progress note dated 7-1-15, the injured worker complained of pain to the low back with radiation to the left lower extremity. The injured worker rated 10 out of 10 on the visual analog scale without medications and 3 out of 10 with medications. The physician noted that the injured worker was stable on his current regimen. The physician stated that attempts to wean medications were unsuccessful. The injured worker's functionality was very poor on lower doses. Without medications the injured worker could not walk normally and stayed in bed due to pain. With medications, the injured worker could walk four blocks. Physical exam was remarkable for lumbar spine with tenderness to palpation at L3 and to the ilio-lumbar region with degreased and painful range of motion, decreased motor strength at the knee extension quadriceps, diminished bilateral knee reflexes and decreased sensation at the left L4-S1 distribution. Current diagnoses included chronic pain syndrome and lumbar post-laminectomy syndrome. The treatment plan included continuing medications (Norco and Methadone).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Hydrocodone-Acetaminophen #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with low back pain radiating to left lower extremity rated 10/10 with and 3/10 without meds. The request is for One (1) Prescription For Hydrocodone-Acetaminophen #120. The request for authorization is dated 07/01/15. The patient is status post lumbar fusion, 2011. X-ray of the lumbar spine, 03/04/15, shows stable fusion of the spine, L3 through S1, with pedicle screws and rods. Physical examination of the lumbar spine reveals tenderness of the paraspinal region at L3 and the iliolumbar region. Pain with range of motion. Decreased sensation of the knee and medial leg (L4) and on the lateral leg and dorsum of the foot (L5) and decreased sensation on the sole of the foot and the posterior leg (S1). Medications help greatly, make pain tolerable. With meds, he can walk 4 blocks, without them he stays in bed because it's too painful to walk out of the house. Some constipation with medication use-Miralax helps. No other side effects. Patient's medications include Docusate Sodium, Hydrocodone-Acetaminophen, Ketorolac, Methadone, Pantoprazole and Pristiq. Per progress report dated 07/01/15, the patient is permanent and stationary. 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 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 07/01/15, treater's reason for the request is for "chronic pain." Patient has been prescribed Hydrocodone-Acetaminophen since at least 01/07/15. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Hydrocodone-Acetaminophen significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Hydrocodone-Acetaminophen. However, no validated instrument is used to show functional improvement. There is documentation and discussion regarding adverse effects but not regarding aberrant drug behavior. Urine tox was done for compliance but not provided for review. In this case, some but not all of the 4A's are discussed or documented. Therefore, the request is not medically necessary.

One (1) prescription for Hydrocodone-Acetaminophen 10/325 #120 DNF until 8/1/15:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with low back pain radiating to left lower extremity rated 10/10 with and 3/10 without meds. The request is for One (1) Prescription For Hydrocodone-Acetaminophen 10/325 #120 DNF Until 8/1/15. The request for authorization is dated 07/01/15. The patient is status post lumbar fusion, 2011. X-ray of the lumbar spine, 03/04/15, shows stable fusion of the spine, L3 through S1, with pedicle screws and rods. Physical examination of the lumbar spine reveals tenderness of the paraspinal region at L3 and the iliolumbar region. Pain with range of motion. Decreased sensation of the knee and medial leg (L4) and on the lateral leg and dorsum of the foot (L5) and decreased sensation on the sole of the foot and the posterior leg (S1). Medications help greatly, make pain tolerable. With meds, he can walk 4 blocks, without them he stays in bed because it's too painful to walk out of the house. Some constipation with medication use-Miralax helps. No other side effects. Patient's medications include Docusate Sodium, Hydrocodone-Acetaminophen, Ketorolac, Methadone, Pantoprazole and Pristiq. Per progress report dated 07/01/15, the patient is permanent and stationary. 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 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 07/01/15, treater's reason for the request is for "chronic pain." Patient has been prescribed Hydrocodone-Acetaminophen since at least 01/07/15. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Hydrocodone-Acetaminophen significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Hydrocodone-Acetaminophen. However, no validated instrument is used to show functional improvement. There is documentation and discussion regarding adverse effects but not regarding aberrant drug behavior. Urine tox was done for compliance but not provided for review. In this case, some but not all of the 4A's are discussed or documented. Therefore, the request is not medically necessary.