

Case Number:	CM15-0147337		
Date Assigned:	08/10/2015	Date of Injury:	10/01/2002
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/29/2015

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 63-year-old female with an industrial injury dated 10-01-2002. Her diagnoses included lumbar spondylosis, radiculopathy, lumbago, status post decompression and probable carpal tunnel syndrome bilaterally. Prior treatment included epidural injections, medications and surgery. She presents on 06-11-2015 for reassessment and evaluation. She was complaining of lower back pain with radiculitis symptoms down the right leg with cramping into the right calf and foot. She was on pain medications, however she noted her pain levels had increased up to 9 out of 10. Physical exam of lumbar spine noted a forward flexed posture. She was tender over the lumbosacral junction area. Pain was present with flexion and extension. The provider noted she had benefit from previous epidural injections "which have palliated her pain symptoms to a degree." The treatment request for Skelaxin 500 mg # 90 and Butrans patch 10 mcg # 4 were authorized. The treatment request for review is Hydrocodone 7.5/325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue 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, 80, 81.

Decision rationale: The patient was injured on 10/01/02 and presents with low back pain. The request is for HYDROCODONE 7.5/325 MG #120 for breakthrough pain. There is no RFA provided and the patient's current work status is not provided. The patient has been taking Hydrocodone as early as 10/10/14 and treatment reports are provided from 10/13/14 to 07/09/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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 Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." On 10/13/14, the patient rated her pain as a 4/10 and on 12/29/14, she rated her pain as a 9/10. On 03/20/15, the patient rated her pain as a 5/10 and on 06/11/15 and 07/09/15, the patient rated her pain as a 9/10. In this case, none of the 4 As are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Hydrocodone IS NOT medically necessary.