

Case Number:	CM15-0148148		
Date Assigned:	08/11/2015	Date of Injury:	09/14/2013
Decision Date:	09/28/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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 33-year-old female, who sustained an industrial injury on 09-14-2013. The injured worker is currently off work. The injured worker is currently diagnosed as having chronic low back pain with radicular symptoms with L5-S1 disc protrusion and possible right and left L4-5 facet syndrome. Treatment and diagnostics to date has included normal electromyography and nerve conduction studies dated 06-16-2015, lumbar epidural steroid injections, and use of medications. In a progress note dated 06-23-2013, the injured worker reported back and leg pain and states that her pain decreases from 8 out of 10 to 6 to 7 out of 10 on the pain scale with the use of Hydrocodone. The physician states that a lumbar spine MRI dated 06-08-2015 showed L5-S1 disc protrusion with mild effacement of the left S1 nerve. Objective findings included lumbar spine tenderness and pain with lumbar range of motion. The treating physician reported requesting authorization for Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #90: 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 was injured on 09/14/13 and presents with pain across her low back, down her left leg, and into her left groin area. The request is for Hydrocodone 10/325 mg #90 for pain. The utilization review rationale is that there is a "lack of functional benefit." There is no RFA provided and the patient is not currently working. She has been taking this medication as early as 03/17/15 and treatment reports are provided from 02/17/15 to 08/04/15. 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 4A's, 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." The 03/17/15 report states that the patient has signed a pain medication agreement. The 04/24/15 report says, "Before hydrocodone, pain is 8/10 and then goes down to 6/10 or 7/10. With the hydrocodone, she is able to tolerate walking more. She is driven to the bank and then is able to walk from the car to the bank. She can get up from the toilet easier and get around her house easier with hydrocodone." The 05/19/15 and 06/23/15 reports state that "hydrocodone decreases pain from 8/10 to 6-7/10 and enables her to be more functional. She denies side effects. Urine drug testing 04/21/15 only positive for opiates." Although all of the 4A's are addressed as required by MTUS Guidelines, opiates are not indicated for long-term use for chronic low back pain. Therefore, the requested Hydrocodone is not medically necessary.