

Case Number:	CM15-0161610		
Date Assigned:	08/28/2015	Date of Injury:	01/06/2013
Decision Date:	10/13/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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 41 year old female who sustained an industrial injury on 01-06-2013. The mechanism of injury was not discussed. Treatment provided to date has included: long-term use of medications, and conservative therapies/care. Recent diagnostic testing (per progress reports) has include: electromyogram and nerve conduction studies of the bilateral lower extremities (2014) showing S1 lumbosacral radiculopathy. There were no noted comorbidities or other dates of injury noted. On 07-13-2015, physician progress report (PR) noted complaints of low back and right leg pain. There was no pain rating or description of the pain mentioned in the report. Additional complaints included headaches, blurry vision, difficulty breathing while lying flat, balance deficits, difficulty with concentration, anxiety and depression. Current medications include Protonix, naproxen and hydrocodone-APAP. The physical exam revealed an antalgic gait, spasms and guarding in the lumbar spine. The provider noted diagnoses of lumbar disc displacement without myelopathy, sciatica, disorders of the sacrum, and long-term use of medications. Plan of care includes refills of current medications, urine drug screen, continued conservative treatment, and follow-up in 4 weeks. The injured worker's work status remained permanently disabled. The request for authorization and IMR (independent medical review) includes: hydrocodone-APAP (Norco) 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain that radiates into the right lower extremity. The request is for HYDROCODONE-APAP 10/325MG #30. The request for authorization is not provided. EMG of the bilateral lower limbs, 07/02/14, shows abnormal electrodiagnostic study of bilateral lower limbs; SI lumbosacral radiculopathy. Physical examination of the lumbar spine reveals spasm and guarding. There is sciatic notch tenderness on the right. Straight leg raise is somewhat uncomfortable. Sensation is decreased in a posterolateral distribution. The patient has undergone two epidural steroid injections. She was also treated with 12 sessions of physical therapy and noted little improvement. One session of acupuncture with very little amount of relief. She is a graduate of [REDACTED] Functional Restoration Program. She does find Hydrocodone/APAP to be beneficial with pain reduction and overall functional improvement. She has been tolerating Hydrocodone well without any side effects. Per progress report dated 07/13/15, the patient is P&S with permanent disability. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 08/21/15, treater's reason for the request is "for breakthrough pain." MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Hydrocodone/APAP significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Hydrocodone/APAP. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects but not regarding aberrant drug behavior. UDS dated 07/13/15, CURES report dated 11/04/14, and opioid contract dated 03/09/15 is discussed by treater. Treater has discussed some but not all of the required 4A's as required by MTUS. Furthermore, 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." Therefore, the request IS NOT medically necessary.