

Case Number:	CM15-0162086		
Date Assigned:	08/28/2015	Date of Injury:	09/06/1991
Decision Date:	10/14/2015	UR Denial Date:	07/14/2015
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 64 year old male, who sustained an industrial injury on 9-6-1991. The mechanism of injury is not described. The current diagnoses are chronic pain syndrome, degenerative thoracic-thoracolumbar disc, and pain in thoracic spine, lumbago, and thoracic-lumbosacral neuritis or radiculitis. According to the progress reports, the injured worker reports lumbar pain. The level of pain is not rated. The physical examination of the lumbar spine reveals moderate generalized tenderness. The current medications are Lortab. Urine drug screen from 10-3-2014 was not expected, marijuana was detected. It is unclear when Lortab was originally prescribed. As of 2-20-2015, he was taking Kadian. According to the 4-17-2015 progress note, the injured worker self-detox'd himself off of Kadian (as it was denied). He had been going through withdrawal, and had to be off work during this time. Treatment to date has included medication management. Work status is documented as "no changes." A request for Lortab has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 10/325mg #120: 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: Based on the 08/11/15 progress report provided by treating physician, the patient presents with low back pain. The request is for LORTAB 10/325MG #120. RFA dated 06/17/15 and 08/21/15 were provided. Patient's diagnosis on 08/11/15 includes chronic pain syndrome, degenerative thoracic-thoracolumbar disc, and pain in thoracic spine, lumbago, and thoracic-lumbosacral neuritis or radiculitis. The patient has an antalgic gait. Physical examination to the lumbar spine on 08/11/15 revealed restricted range of motion in all directions. Treatment to date has included medication management. The patient is currently on Lortab. The patient is off-work, per 04/17/15 report. 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, 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." Lortab has been included in patient's medications, per progress reports dated 02/20/15, 06/12/15, and 08/11/15. It appears this medication was initiated in 02/20/15. Per 02/10/15 report, treater states the patient "continues with pain that is adequately treated with his medication regimen he is FAR more functional with access to the medication. He cannot even complete basic ADL's, let alone function relative to daily needs, exercise or quality of life without the medication. He is compliant. He is monitored relative to CURES (routinely) and UDS (2 months ago). He has had previous trials of multiple medications (Vicodin, Norco, Ultram, adjunctive medications, etc.)" Per 04/17/15 report, the patient "has self-detox'd himself off the Kadian. He has been going through withdrawal. He had to be off work going through detox/withdrawal. He has thyroid issues and has to have very consistent medications. We will transition his prescriptions to Lortab." In this case, treater has stated that the pain is adequately treated with medications, but there are no before and after pain scales or validated instruments addressing analgesia. Treater stated the patient cannot complete basic ADL's, but there are no specific examples showing how the medication is increasing function. MTUS states, "function should include social, physical, psychological, daily and work activities." UDS report dated 10/10/14 revealed consistent results for Morphine. Treater has addressed aberrant behavior, but recent UDS results with results pertaining to Lortab have not been provided. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, this request IS NOT medically necessary.