

Case Number:	CM15-0163569		
Date Assigned:	08/31/2015	Date of Injury:	07/13/1998
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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 39-year-old female who sustained an industrial injury on 07-13-98. Initial complaints and diagnoses are not available. Treatments to date include medications, aquatic therapy, physical therapy, home exercise program, ice, and heat. Diagnostic studies are not addressed. Current complaints include persistent back pain. Current diagnoses include lumbago and sciatica. In a progress note dated 08-05-15, the treating provider reports the plan of care as medications including naproxen, orphenadrine-norflex, and hydrocodone, as well as a podiatrist consultation, and continued home exercise program and aquatic therapy. The requested treatment includes hydrocodone. The documentation supports that the injured worker has been on hydrocodone since at least 09-02-14.

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 Page(s): 78, 86.

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: Based on the 8/5/15 progress report provided by the treating physician, this patient presents with persistent back pain from failed back syndrome, with radiating pain / numbness / tingling in her left leg/foot and more right foot pain along lateral border of right foot. The treater has asked for on 8/5/15. The patient's diagnoses per request for authorization dated 8/6/15 are lumbago, sciatica. The patient is s/p lumbar fusion surgery of unspecified date per 7/8/15 report. The patient feels right foot pain along the lateral border of her foot, but feels it as tenderness and not nerve pain per 8/5/15 report. The patient is s/p aqua therapy and doing a home exercise program per 8/5/15 report. The patient's work status is permanent and stationary and may return to work but should avoid heavy lifting and twisting as of 8/5/15 report. MTUS Guidelines Criteria for Use of Opioids Section under Long-Term Users of Opioids, Pages 88-89: 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 under Therapeutic Trial of Opioids, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. The treater does not discuss this request in the reports provided. Patient has been taking Norco since 10/28/15 and in reports dated 6/10/15 and 2/18/15. MTUS requires appropriate discussion of all the 4A's. Other than a general comment that "medication improves her function, activities of daily living and quality of life" per 6/19/15 report, the treater does not discuss how Norco significantly improves the patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.