

Case Number:	CM15-0180339		
Date Assigned:	09/22/2015	Date of Injury:	04/25/2011
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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 36-year-old male, with a reported date of injury of 04-25-2011. The diagnoses include neural encroachment bilateral L5-S1 with radiculopathy and lumbar spondylosis. Treatments and evaluation to date have included Hydrocodone (since at least 02-2015), Tramadol, Naproxen, Omeprazole, chiropractic treatment, and physical therapy. The diagnostic studies to date have included a urine drug screen on 02-26-2015 with negative findings. The follow-up consultation report dated 08-06-2015 indicates that the injured worker complained of low back pain with right greater than left lower extremity symptoms, which was rated 7 out of 10. It was noted that chiropractic and massage of the lumbar spine provided decreased pain and improved tolerance to activity. The injured worker denied side effects from the prescribed medications. The objective findings include tenderness of the lumbar spine, limited and painful range of motion of the lumbar spine, positive straight leg raise test on the right with pain to the foot at 35 degrees, and on the left with pain to the distal calf at 45 degrees, and decreased spasm in the lumboparaspinal musculature. The treatment plan included a prescription for Hydrocodone 10mg #60, twice a day. On 06-04-2015, the injured worker continued to have back pain. The physical examination showed diffuse tenderness with limited range of motion of the thoracolumbar spine, positive straight leg raise bilaterally, and intact sensation to light touch and pinprick throughout. It was noted that the injured worker should avoid lifting in excess of 15 to 20 pounds, repeated bending, and repeated stooping. The request for authorization was dated 08-26-2015. The treating physician requested Hydrocodone 10mg #60, twice a day. On 09-04-2015, Utilization Review (UR) non-certified the request for Hydrocodone 10mg #60, twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10 mg #60: 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 with right greater than left lower extremity symptoms rated 7/10. The request is for Tramadol ER 100 MG #60. The request for authorization is dated 08/26/15. Physical examination reveals tenderness lumbar spine. Lumbar range of motion limited with pain. Positive straight leg raise right for pain to foot. Spasm is decreased in lumbar paraspinal musculature. Chiropractic/massage lumbar spine facilitates diminution in pain and improves tolerance to activity. Patient's medications include Hydrocodone, Tramadol, Naproxen, and Omeprazole. Patient denies side effects. Per progress report dated 08/06/15, the patient is permanent and stationary. 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." Treater does not specifically discuss this medication. Patient has been prescribed Hydrocodone since at least 04/09/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Hydrocodone 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. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects but not aberrant drug behavior. A UDS dated 02/26/15, but no CURES or opioid contract is provided for review. 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)." In this case, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request is not medically necessary.