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| Case Number: | CM15-0182938 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 03/06/2009 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

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 61 year old male, who sustained an industrial injury on 03-06-2009. He has reported subsequent headaches, neck, low back and right knee pain and was diagnosed with lumbar sprain and strain, left hip strain and probable osteoarthritis, thoracic or lumbosacral neuritis or radiculitis and neck sprain. The injured worker was noted to be off work. Treatment to date has included pain medication, chiropractic therapy and surgery. Documentation shows that Hydrocodone-APAP was prescribed at least since 12-18-2014. In a progress note dated 07-18-2015, the injured worker reported continued diffuse headaches, neck and low back pain. Hydrocodone-APAP was noted to provide temporary relief of spine pain but there was no documentation as to the severity of pain before and after the use of medication, the duration of pain relief or any impact on function or quality of life. Objective examination findings showed pain with terminal range of motion of the cervical spine, particularly on the left with rotation, tenderness to palpation of the cervical paraspinal muscles bilaterally and increase in muscle tone bilaterally. The physician noted that for more severe pain, the prescription of Hydrocodone-APAP 10-325 mg was denied and that accordingly, the dose of Hydrocodone was being tapered. The physician noted that the injured worker was provided with Hydrocodone-APAP 5-325 mg. A request for authorization of retrospective Hydrocodone-APAP 5-325mg #60 x 2 bottles for DOS 7-17-15 was submitted. The request for retrospective Hydrocodone-APAP 5-325mg #60 x 2 bottles for DOS 7-17-15 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/APAP 5/325mg #60 x 2 bottles for DOS 7/17/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2009 injury without acute flare, new injury, or progressive neurological deterioration. The Retrospective Hydrocodone/APAP 5/325mg #60 x 2 bottles for DOS 7/17/15 is not medically necessary and appropriate.