MAXIMUS Federal Services

Case Number:	CM15-0183247		
Date Assigned:	09/24/2015	Date of Injury:	04/06/1998
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
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 60 year old male, who sustained an industrial injury on 4-6-98. Medical record indicated the injured worker is undergoing treatment for lumbar degenerative disc disease, left knee contusion and lumbar degenerative disc disease. Treatment to date has included oral medications including Cyclobenzaprine 10mg and Hydrocodone-Acetaminophen 10-325mg (since at least 12-2014), home exercise program and activity modifications. On 9-14-15, the injured worker complains of low back pain, which has increased recently, when pain is severe he lied down. He rates the pain 8 out of 10, least reported pain is 1 out of 10, average pain is i6 out of 10 and 30 minutes after opioid is 3 out of 10. Work status is noted to be retired-disabled. Objective findings on 9-17-15 revealed lumbar spasms with tightness with straight leg raise with decreased range of motion and decreased patella tendon reflex. The treatment plan included a request for authorization for Hydrocodone-acetaminophen 10-325mg #120 with 5 refills. On 9-17-15 utilization review modified a request for Hydrocodone-Acetaminophen 10-325mg #120 with 5 refills to #120 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120 with 5 refills: 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.

Decision rationale: The patient presents on 09/14/15 with lower back pain rated 8/10. The patient's date of injury is 04/06/98. The request is for Hydrocodone 10/325mg #120 with 5 refills. The RFA was not provided. Physical examination dated 09/14/15 reveals lumbar paraspinal spasms, "tightness" with straight leg raise test, and decreased Achilles reflexes bilaterally. The patient is currently prescribed Norco. Patient is currently retired/disabled. 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." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note dated 09/14/15 has the following regarding medication efficacy: "... Current pain 8/10; least pain 30 minutes after opioid is 3/10. Analgesia is obtained, activities of daily living are improved, no adverse side effects... and no aberrant drug-taking behaviors noticed." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does include documentation of analgesia via a validated scale, a lack of aberrant behaviors, and medication consistency to date. However, simply stating "activities of daily living improved" is vague, and does not constitute activity-specific improvements attributed to Narcotic medications. Without more specific functional improvements, the continuation of Norco cannot be substantiated and this patient should be weaned. Owing to a lack of complete 4A's documentation, the request is not medically necessary.