MAXIMUS Federal Services

Case Number:	CM15-0190757		
Date Assigned:	10/02/2015	Date of Injury:	06/04/2014
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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, Hawaii
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 58-year-old male, with a reported date of injury of 06-04-2014. The diagnoses include lumbar disc disease, L5 radiculopathy, and chronic back pain. Treatments and evaluation to date have included Percocet, Flexeril, Toradol, Tramadol, Hydrocodone (since at least 10-2014), lumbar epidural on 09-26-2014, a TENS unit, and Gabapentin. The diagnostic studies to date have included an MRI of the left knee on 07-10-2015 which showed chondromalacia of the medial facet of the patella and a loculated cyst along the posterolateral aspect of the medial femoral condyle; an x-ray of the lumbar spine on 04-01-2014 which showed severe L5-S1 degenerative disc disease; and an MRI of the lumbar spine on 08-01-2014 which showed multilevel lumbar canal stenosis and foraminal narrowing, mild chronic anterior wedging of T12, and moderate chronic anterior wedging of L1. The progress report dated 08-25-2015 indicates that the injured worker presented for follow-up, and he complained of back pain that was always there. It was noted that Gabapentin worked well on his back pain and he was sleeping better at night. The injured worker also had left knee pain, and complained of pain running down his leg to his feet. He had muscle spasms when he bent down. The objective findings included normal lordotic curve; positive paraspinous muscle tenderness; tenderness at L4-5 interspace and spasm; tenderness of the L5-S1 spinous processes and spasm; non-tender sacroiliac joints; full range of motion of the knee; negative McMurray sign; no grinding or pain with anterior pressure on the patella; and decreased sensation to light touch on the left, especially laterally. The treatment plan included a prescription for Hydrocodone-Acetaminophen 10-325mg #75, one every 6 hours as needed. On 07-24-2015, it was noted that the injured worker

stated that he took Norco twice a day unless he was in more pain. The injured worker's pain rating was not indicated. The treating physician requested Hydrocodone 10-325mg #75. On 09-17-2015, Utilization Review (UR) modified the request for Hydrocodone 10-325mg #75 to Hydrocodone 10-325mg #24.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #75: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The patient presents with pain affecting the left knee, and low back with radiation down the left lower extremity. The current request is for Hydrocodone 10/325mg #75. The requesting treating physician report dated 8/25/15 (6B) provides no rationale for the current request. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Hydrocodone since at least 10/6/14 (124C). The report dated 8/25/15 (6B) does not note the patient's current pain level. No adverse effects or adverse behavior were discussed by the patient. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A’s are not addressed, the patient's pain level has not been assessed at each visit and functional improvement has not been documented. The MTUS guidelines require much more documentation to recommend the continued usage of Hydrocodone. The current request is not medically necessary.