MAXIMUS Federal Services

Case Number:	CM15-0198258		
Date Assigned:	10/13/2015	Date of Injury:	01/27/1992
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old male, who sustained an industrial injury on 1-27-1992. The injured worker was being treated for lumbar spinal stenosis and lumbar disc L4-5, L5-S1, status post disc L5-S1. Treatment to date has included diagnostics, multiple lumbar spinal surgeries, and medications. Currently (9-29-2015), the injured worker complains of continued low back pains, "mostly controlled with his medications, Oxycodone and Hydrocodone." Current pain was rated 4 out of 10, worst 8 of 10, least 1 of 10, and average 6 of 10. Pain was rated 3 out of 10 in 30 minutes after opioid use. Pain ratings were unchanged from 9-01-2015 and 8-04-2015. No adverse side effects were noted and no aberrant behavior was noted. Urine toxicology was not noted. He also reported tingling and discomfort at the upper incision site in his back and tingling in his legs. He reported that he could function and work if he gets his medications. The treating physician documented a discussion regarding long acting medication, noting that he cannot tolerate Oxycontin because of altered consciousness and falling asleep. Exam of the lumbar spine noted extension 10 degrees and flexion to 45 degrees. He had lumbar spasms with tightness and straight leg raising and Achilles reflexes were decreased compared to patella reflex. The stimulator was present but tender. The treating physician noted that he was on opioids since the first of his 4 back surgeries in 1994. The treatment plan included Hydrocodone 10-325mg #1870, non-certified by Utilization Review on 10-01-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #1870: 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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page78 regarding on-going management of opioids, "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 any 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." Review of the available medical records reveals no documentation to support the medical necessity of hydrocodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the requested quantity is not appropriate as it does not allow for timely reassessment of medication efficacy. The request is not medically necessary.