MAXIMUS Federal Services

Case Number:	CM15-0198263		
Date Assigned:	11/02/2015	Date of Injury:	03/06/2009
Decision Date:	12/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/09/2015

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. Medical records indicated the worker was treated for right sided L5-S1 disk herniation with a partial laminectomy and microscopic discectomy (02-27-2012). His medications included Hydrocodone/ APAP (since 02-17-2015), and Fioricet. A urine drug screen collected 07-28-2015 was reported 08-03-2015 as being compliant with prescribed medications. In a neurologic consulting re-evaluation exam of 09-07-2015, the worker was noted to report significant benefit from the 04-27-2012 lumbar spine surgery. He had a left hip replacement surgery 10-30-2012, and was reported to be treated with Fioricet and hydrocodone due to diffuse headaches that occur on average of three days per week. The headaches are relieved completely within 30-45 minutes with the use of Fioricet. The worker also complained of neck and lower back pain that is temporarily relieved with the use of Hydrocodone/APAP 5/325. He complained of knee pain especially in the right knee and will see a specialist for this. The worker had depression and sleep difficulties that were deferred to the appropriate specialist. On physical examination, his gait heel, toe and tandem walking were normal with normal muscle mass. He verbalized neck pain with terminal range of motion in all planes. Right knee flexion and extension were not tested secondary to pain. Pin proprioception and light touch were normal over both upper and lower extremities. The plan of care is for medication refills and re-evaluation of the worker in eight weeks.A request for authorization was submitted for: 1. Re-eval in 8 weeks; 2. Hydrocodone/APAP 5/325 #60 (times 2). A utilization review decision 09-17-2015 denied both of the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-eval in 8 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd edition, (text, page 127): Consultation; ACOEM Guidelines (Chapter 6 text, pages 107 & 114-116).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, under Office visits.

Decision rationale: The patient presents with headaches, neck and lower back pain, depression, sleep difficulty, and right knee pain. The request is for Re-eval in 8 weeks. The request for authorization form is not provided. The patient is status post lumbar spine surgery, 02/27/12. Physical examination reveals normocephalic without evidence of acute head injury. The patient verbalized pain with terminal range of motion of the cervical spine in all planes, particularly bilateral neck rotation. There was tenderness to palpation of the cervical paraspinous muscles bilaterally with an increase in muscle tone bilaterally. Patient's medications include Fioricet and Hydrocodone/APAP. Per progress report dated 09/07/15, the patient has not returned to any work activities.ODG Guidelines, Head Chapter, under Office visits Section states, "Recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Per progress report dated 09/07/15, treater's reason for the request is "for symptomatic treatment of his headaches." In this case, the patient remains symptomatic with headaches that occur on an average of three days per week. The headaches are diffuse in location. ODG guidelines recommend office visits with the treating physician to review patient concerns, signs and symptoms. Therefore, the request IS medically necessary.

Hydrocodone/APAP 5/325 #60 (times 2): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (http://odg-twc.com/odgtwc/pain.htm#Weaningopioids).

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 headaches, neck and lower back pain, depression, sleep difficulty, and right knee pain. The request is for Hydrocodone/APAP 5/325 #60 (times 2). The request for authorization form is not provided. The patient is status post lumbar spine surgery, 02/27/12. Physical examination reveals normocephalic without evidence of acute head injury. The patient verbalized pain with terminal range of motion of the cervical spine in all

planes, particularly bilateral neck rotation. There was tenderness to palpation of the cervical paraspinous muscles bilaterally with an increase in muscle tone bilaterally. Patient's medications include Fioricet and Hydrocodone/APAP. Per progress report dated 09/07/15, the patient has not returned to any work activities. 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." Per progress report dated 09/07/15, treater's reason for the request is "For temporary pain relief." Review of provided medical records show the patient was prescribed Norco on 02/17/15. MTUS requires appropriate discussion of the 4A's, and treater does not discuss how Hydrocodone/APAP significantly improves patient's activities of daily living with specific examples. Analgesia is not discussed, specifically showing pain reduction with use of Norco. There is no discussion regarding adverse effects and aberrant drug behavior. A UDS dated 07/28/15 is provided for review. In this case, the treater has not adequately discussed the 4A's as required by MTUS. Therefore, given the lack of documentation, the request IS NOT medically necessary.