

Case Number:	CM15-0206036		
Date Assigned:	10/22/2015	Date of Injury:	02/09/1996
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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 69 year old female, who sustained an industrial injury on 2-9-96. The injured worker was diagnosed as having long term use of medications; lumbar postlaminectomy syndrome; sciatica; mechanical complications of nervous system device, implant, and graft. Treatment to date has included physical therapy; status post spinal cord stimulator implant; stimulator implant revision (9-17-13); medications. Currently, the PR-2 notes dated 9-28-15 indicated the injured worker is in the office as a follow-up. The provider notes "She had her spinal cord stimulator revised 9-17-13; about 3 months ago she started complaining of pain around the generator site, she has worsening pain with sitting and if she leans on anything and touch is quite painful along the superior border of her stimulator. She uses pain medication rarely. #30 tablets Norco has lasted her over 6 months." He documents she complains of night sweats but denies chills, fever and severe fatigue as well as headaches but denies dizziness. He notes her clinical history for diabetes, hypertension and hyperlipidemia. She has a surgical history of lumbar fusion in 2001 and the spinal cord implant in 2002, then a revision in 2013. On physical examination, the provider notes "She has a generator pocket site over the right superior gluteus. There is tenderness over the superior border of the generator. There is no redness of the wound and is well-healed. His treatment plan is to continue the use of Norco siting her last prescription has last several months. He would like to give her several more weeks of using the stimulator and if her pain continues, then they will consider moving it to a different spot. According to the injured worker, the stimulator is actually working good and she is able to recharge it. A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated

10-15-15 and non-certification for Hydrocodone -APAP 10-325 # 30. A request for authorization has been received for Hydrocodone -APAP 10-325 # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone /apap10/325 # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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 p78 regarding ongoing 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/APAP or any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing 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 discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.