

Case Number:	CM15-0025516		
Date Assigned:	02/18/2015	Date of Injury:	04/07/2003
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/10/2015

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 52-year-old male, who sustained an industrial injury on 04/07/2003. The diagnoses have included status post positive diagnostic bilateral L3-L4 and bilateral L4-L5 lumbar facet joint radiofrequency nerve ablation, bilateral lumbar facet joint pain at L3-L4 and L4-L5, bilateral facet joint pain at L5-S1, bilateral lumbar facet joint arthropathy, lumbar disc protrusion, lumbar sprain/strain, left thoracic sprain/strain, left thoracic back pain, status post total knee replacement, left knee internal derangement, status post left knee surgeries, and right knee pain secondary to compensation from the left knee injury and antalgic gait. Noted treatments to date have included left knee surgery, lumbar radiofrequency ablation, and medications. No MRI report noted in received medical records. In a progress note dated 12/19/2014, the injured worker presented with complaints of bilateral low back pain, left scapular, left thoracic back pain, and left knee pain. The treating physician reported 40% decrease of the injured worker's pain with 40% improvement of the injured worker's activities of daily living. Utilization Review determination on 01/21/2015 non-certified the request for Hydrocodone 10/325 mg #180 for purposes of continued opioid taper for discontinuation over the course of the next 2-3 months citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: The patient presents with bilateral low back pain, left scapular and left thoracic back pain and knee pain, rated 5/10. The request is for HYDROCODONE 10/375 # 210. Patient is status post 4 left knee surgeries, most current being total knee replacement 02/16/12. Physical examination on 12/19/14 to the lumbar spine revealed tenderness to palpation to the lumbar paraspinals overlaying the bilateral L2-S1 facet joints. Physical examination to the left knee revealed tenderness to palpation over the joint lines. Per 10/10/14 progress report, patient's diagnosis include status post positive diagnostic bilateral L3-L4 and bilateral L4-L5 lumbar facet joint radiofrequency nerve ablation (neurotomy/rhizotomy), bilateral lumbar facet joint pain at L3-L4 and L4-L5 as diagnosed and confirmed by positive diagnostic fluoroscopically-guided bilateral L3-L4 and bilateral L4-L5 fact joint medial branch blocks, bilateral facet joint pain at L5-S1, bilateral lumbar fact joint arthropathy at L3-L4, L4-L5, L5-S1, lumbar disc protrusion, lumbar sprain/strain, left thoracic strain, left thoracic back pain, status post total knee replacement, left knee internal derangement, status post left knee surgeries, right knee secondary to compensation from the left knee injury and antalgic gait. Per 12/19/14 progress report, patient's medications include Soma, Voltaren 1% Gel, medical marijuana, Imitrex, and Norco. Patient is permanent and stationary and is permanently disabled. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs. "MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference."The request is for one prescription of Hydrocodone 10/325 mg # 210. The UR letter dated 01/21/15 has modified the request to #180. In 12/19/14 progress report, treater states that Hydrocodone provides 40% decrease of the patient's pain with 40% improvement of the patient's activities of daily living and enables the patient to do house chores, yard work, and perform self-care. However, there are no discussions regarding adverse side effects, aberrant behavior, etc. No UDS, CURES or opioid pain contracts were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.