

Case Number:	CM15-0214545		
Date Assigned:	11/04/2015	Date of Injury:	05/26/2006
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/30/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 62 year old male, who sustained an industrial injury on 5-26-06. The injured worker was diagnosed as having lumbago; chronic pain syndrome; facet syndrome; other pain disorders related to psychological factors; drug dependence not otherwise specified unspecified; encounter for long-term use of other medications. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-26-15 indicated the injured worker complains of low back pain and bilateral lower extremity pain. The provider documents "Patient complains of 8-9 out of 10 pain noting ongoing in his low back, right knee, left posterior thigh, bilateral ankles-feet and left wrist on constant basis. He rates pain as 6 out of 10 after he uses Norco for several hours. He has ongoing pain; had an injection to right knee with some relief. He uses a cane. He reports using medications appropriately, denies any adverse side-effects; patient reports stable functionality; no aberrant drug-related behaviors unless otherwise noted." The provider notes the injured worker has had two right knee arthroscopies and a left forearm surgery as well as a lumbar fusion (no dates). The provider notes the injured worker is frustrated, as his medications have not been authorized. The provider's treatment plan documents he has requested a spinal cord stimulator trial for the postlaminectomy syndrome to reduce the opiate use; requesting a psychological evaluation for the trial. He has also requested prescriptions for this medical regimen. A MRI of the lumbar spine was submitted and dated 7-27-15 with impression: no significant residual central or foraminal stenosis at L4-5 and L5-S1, however, it is noted "Severe bilateral L3-4 foraminal stenosis. If there is motion at this level, there could be intermittent neural impingement. Correlate clinically." A PR-2 note dated 6-15-15 indicates the same prescription refill for Hydrocodone - Acetaminophen 10/325mg. A Request

for Authorization is dated 10-30-15. A Utilization Review letter is dated 10-20-15 and non-certification for Hydrocodone - Acetaminophen 10/325mg #90. A request for authorization has been received for Hydrocodone - Acetaminophen 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone - Acetaminophen 10/325mg #90: 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): Acetaminophen, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long- term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications.

Decision rationale: Hydrocodone with acetaminophen is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the lower back, right knee, left thigh, both feet and ankles, and the left wrist. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 90 tablets of hydrocodone with acetaminophen 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.