

Case Number:	CM15-0030990		
Date Assigned:	02/24/2015	Date of Injury:	08/03/2004
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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 65 year old male who sustained a work related injury on August 3, 2004, where he incurred injuries to his lower limbs, neck and shoulder after lifting a patient. He complained of increased pain bending, lifting, twisting and prolonged standing and sitting. Treatment included trigger point injection therapy, physical therapy, acupuncture and medications. He was diagnosed with lumbar spondylosis, sacral radiculopathy, lumbar facet pain and chronic pain syndrome. Currently, the injured worker complained of neck, shoulder and bilateral lower limb pain. On February 24, 2015, a request for Hydroco/APAP tablet 5/325 mg #60, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 5-325mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with neck, shoulder, and bilateral lower extremity pain rated 8-9/10 with associated cramping sensation in the right lower extremity. The patient's date of injury is 08/03/04. Patient is status post trigger point injections at unspecified levels and dates. The request is for HYDROCODONE TAB 5-325MG #60. The RFA was not provided. Physical examination dated 02/18/15 reveals an antalgic gait, decreased light touch sensation to the posterior right thigh and calf, positive slumps testing with referred pain to the right calf, and positive lumbar facet loading maneuver on the right side. The patient is currently prescribed Norco, Nortriptyline, Venlafaxine, Lidoderm Patches, Senna Plus, Simvastatin, Omeprazole, Lisinorpril, Atenolol, Vitamin D, and Aspirin. Diagnostic imaging was not included. Per progress note dated 02/18/15, patient has not worked in 8 years. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. In regards to the request of Hydrocodone for the management of this patient's intractable pain, the request appears reasonable. Progress note dated 02/18/15 indicates that this is the initiating prescription of Hydrocodone. In regards to the efficacy of prior opioid medications, the same note states: "... This patient's Norco has been denied... At this time he should be allowed his Norco... He has been using this medication effectively, and with it his pain goes from a 10 to a 4... He is also using this medication without aberrant behavior and his last urine drug screen done less than 1 year ago was within normal limits... his functionality increases with the opioid medication, specifically with his standing and walking tolerance which increases by 50%... He has no adverse side effects." This documentation of prior opioid medication efficacy satisfies MTUS 4A's requirements and substantiates prior opioid efficacy. Furthermore, the requested 60 tablets for 30 days fall within MTUS dosing recommendations. Therefore, the request IS medically necessary.