

Case Number:	CM15-0034387		
Date Assigned:	03/02/2015	Date of Injury:	06/20/2008
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/23/2015

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 40-year-old male, who sustained an industrial injury on June 20, 2008. The injured worker had reported neck and low back pain. The diagnoses have included lumbar disc displacement without myelopathy, unspecified major depression, cervical disc displacement without myelopathy and a lumbar fusion in 2010. Treatment to date has included medication, psychological evaluations, lumbar epidural steroid injections, aquatic therapy and walking. The injured worker reported the walking aggravates the pain. Current documentation dated October 22, 2014 notes that the injured worker complained of worsening low back pain with radiation down the left lower extremity to the toes. Associated symptoms included numbness and tingling. Muscle strength of the upper and lower extremities was normal. The current medication regime was noted to help the pain by forty percent and allowed the injured worker to perform more activities of daily living. On February 18, 2015 Utilization Review non-certified a Hydrocodone/APAP 10/325 mg # 30. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodonebit/APAP 10/325 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

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

Decision rationale: This patient has a date of injury of 6/20/08 and presents neck pain, low back pain, left groin pain and left knee pain. The current request is for HYDROCODONE/APAP 10/325MG #30. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been prescribed Hydrocodone APAP since at least 2/7/14. The report dated 2/7/14 states that medication "do provide him with some relief and improved function." The patient complained of some itching with the use of Norco. Report dated 5/30/14 noted that the patient was able to sleep better and for longer period of time when using Norco. Report dated 6/26/14 noted decrease in pain from 10/10 to 6-8/10 with Morphine and Norco and the patient stated he was able to walk and stand for longer with these two medications. The patient states he is able to perform personal hygiene and take care of himself with the use of medications, without them he would not even be able to walk. UDS performed on 10/6/14 was consistent with medication prescribed and DEA cures report confirmed patient is receiving medication from one office only. In this case, the treating physician has provided adequate documentation including the 4A's as required by MTUS for opiate managed. This request IS medically necessary.