

Case Number:	CM15-0035951		
Date Assigned:	03/04/2015	Date of Injury:	10/05/2013
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/25/2015

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 51 year old female, who sustained an industrial injury on 10/5/2013. She has reported a fall with an injury involving the lumbar spine. The diagnoses have included lumbar strain with radiculitis and cervical, thoracic sprain/strain, and L4-5 disc protrusion, L4-5 annular tear. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, steroid epidural injection and physical therapy. Currently, the IW complains of low back pain with radiation to lower extremities left greater than right. The physical examination from 12/3/14 documented a positive straight leg raise test, with lumbar spine tenderness and limited Range of Motion (ROM). The plan of care included continuing LSO use, Transcutaneous Electrical Nerve Stimulation (TENS) use and medications. On 2/19/2015 Utilization Review non-certified hydrocodone 10/325mg #60, noting the copy of a pain contract was not available for review. The MTUS Guidelines were cited. On 2/25/2015, the injured worker submitted an application for IMR for review of hydrocodone 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines,

Therapeutic Trial of Opioids; Neuropathic pain, Chronic Back Pain, Headaches, Osteoarthritis, Nociceptive Pain, Mechanical and Compressive Etiologies Page(s): 76-80; 80-82.

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 pain and weakness in her lower back and lower extremity. The request is for Hydrocodone 10/325MG #60. The patient is currently taking Tramadol ER and Hydrocodone. The patient has been utilizing Hydrocodone since at least 09/03/14. Work status is unknown. The patient underwent urine drug screenings on 09/03/14 and 12/03/14 with consistent results. The 12/24/14 progress report states, "7/10 low back pain. ADL's maintained with medication, including but not limited to grocery shopping, necessary household duties, bathing, grooming, preparing of food and simple cooking." Hydrocodone 10mg dose results in average 4-5 point decrease in pain, "Improved adherence to activities and exercise. Prior to hydrocodone at current dose ADL's were at times in jeopardy. Reserves hydrocodone for breakthrough pain and severe pain, significant objective improvement including improved ROM and better tolerance to activity/exercise with hydrocodone, denies side effects with hydrocodone." Regarding chronic opiate use, MTUS guidelines page 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 4A's (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 guidelines page 90 states that, "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the provider mentions that the patient has appropriate drug screen results. The provider provided documentations regarding all 4 A's (ADL's, analgesia, side effects/ adverse behavior). The provider provided before/ after pain scales showing significant functional improvement with analgesia. All four A's appear to be documented as required by MTUS. The request is medically necessary.