

Case Number:	CM15-0057666		
Date Assigned:	04/02/2015	Date of Injury:	08/10/2012
Decision Date:	05/08/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 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 58 year old male, who sustained an industrial injury on 08/10/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post left shoulder surgery and protrusion of the left lumbar four to five with left lumbar radiculopathy. Treatment to date has included medication regimen, magnetic resonance imaging, status post left lumbar four to five epidural injection, and physical therapy. In a progress note dated 02/07/2015 the treating physician reports complaints of left shoulder pain with a rating of a six out of ten, low back pain with lower extremity symptoms with a pain rating of a seven out of ten, thoracic pain with a pain rating of a six out of ten, and cervical pain with a pain rating of a five out of ten. The treating physician also noted tenderness to the left shoulder, tenderness to the lumbar spine with limited range of motion with pain and a positive straight leg raise on the left, and tenderness to the thoracic spine with limited range of motion with pain. The treating physician requested Hydrocodone 7.5mg twice a day with a quantity of 60 noting that this medication improves the injured worker's tolerance with activity. The treating physician also noted that a urine toxicology was administered documenting that the most recent results were consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the left shoulder, low back with radiation down bilateral lower extremities, thoracic spine, and cervical spine. The current request is for Hydrocodone 7.5mg #60. The treating physician report dated 2/7/15 (116B) states, "Medications facilitates improve tolerance to activity." A report dated 11/18/14 (81B) states, "Consumes hydrocodone for "breakthrough pain". "The report goes on to state ADL's are now maintained during bouts of severe pain with IR opioid on board." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). Reports provided show the patient has been taking Hydrocodone since at least 9/25/14. The report dated 2/7/15 notes that the patient's pain is 5-7/10 while on current medication. No adverse effects or adverse behaviors were noted by patient. The patient's ADL's have improved such as the ability to exercise. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Hydrocodone has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. Recommendation is for authorization.

1 Urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The patient presents with pain affecting the left shoulder, low back with radiation down bilateral lower extremities, thoracic spine, and cervical spine. The current request is for 1 Urine drug screen. The treating physician report dated 2/7/15 (116B) states, In order to remain in compliance" urine toxicology administered." The report goes on to state, "Most recent results are consistent." The MTUS guidelines page 77 states under opioid management: "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It

recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the physician has stated that urine drug screen was administered due to fact that the patient presents with specific risk factors including: a history of poor response to opioids periodically throughout treatment, reactive depression, and a history of no return to work. Considering the circumstances, and the patient's risk level, the current request is reasonable and satisfies the MTUS guidelines as outlined on page 77. Recommendation is for authorization.