

Case Number:	CM15-0081837		
Date Assigned:	05/01/2015	Date of Injury:	06/29/2011
Decision Date:	06/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 63 year old male, who sustained an industrial injury on 6/29/2011. He reported being assaulted by a student, resulting in injury to his low back. The injured worker was diagnosed as having status post lumbar decompression with fusion, and status post prior lumbar spine surgeries. Treatment to date has included medications, physical therapy, lumbar surgery, magnetic resonance imaging, and evaluations. The request is for Hydrocodone-APAP. On 8/28/2014, he had low back pain with stiffness. He was in the process of undergoing therapy and indicated a 50% reduction of pain. The treatment plan included: physical therapy. On 3/19/2015, a QME report indicated he was seen for low back pain. He had lumbar spine surgery in 2013, and reported experiencing falling episodes since that time. He has a history of several back surgeries prior to the date of injury. The records indicate he has been utilizing Norco since at least 2013. He complained of low back pain with radiation down to the left foot, and associated tingling of the foot. He rated his pain as 7/10 at the bottom of the foot, back pain as 5/10. The treatment plan included: unlisted medications, orthotics, physical therapy, epidural injections, and diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP (acetaminophen) 10/325 mg tablet, Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, chronic opioids are not supported.