

Case Number:	CM15-0085288		
Date Assigned:	05/07/2015	Date of Injury:	08/28/2000
Decision Date:	06/11/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/04/2015

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, 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 56 year old male, who sustained an industrial injury on 08/28/2000, injuring his back. Treatment to date has included lumbar fusion, hardware removal, medications, trigger point injections, caudal epidural steroid injection, facet injections and a spinal cord stimulator. According to a progress report dated 03/23/2015, the injured worker complained of moderate back pain that radiated to the left ankle, right ankle, left calf, right calf, left foot, right foot, left thigh and right thigh. Pain was described as burning, deep, numbness, piercing, sharp, shooting and stabbing. Pain level was rated 10 on a scale of 1-10 without medications and 6 with medications. On average over the last month, pain level was rated 7. Current medications included Ibuprofen, Kadian and Lyrica. Diagnoses included COAT, spinal fusion, sleep disturbances, acquired spondylolisthesis, spasm of back muscles, myalgia and myositis unspecified, radiculopathy thoracic or lumbosacral chronic, spinal stenosis of lumbar region, failed back surgery syndrome lumbar, degenerative disc disease lumbar chronic, chronic pain and depression chronic. Treatment plan included Ibuprofen, Kadian and Lyrica. According to an Emergency Department report dated 03/30/2015, the injured worker was seen for back pain. He was awaiting medication for Morphine from his worker's compensation doctor and requested Morphine medications and Dilaudid intravenous doses. The provider noted that he did not feel comfortable writing for Morphine. Active medications included Morphine, Lyrica, Ibuprofen and Hydrocodone-Acetaminophen 5-325mg. An authorization request dated 03/31/2015 was submitted by his routine provider requesting authorization for Hydrocodone-Acetaminophen 10-

325 mg #120. Currently under review is the request for a prescription of Hydrocodone-Acetaminophen 10-325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Hydrocodone- Acetaminophen 10-325 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Progress notes from 2/9/2015 and afterwards in March 2015 indicate that the provider states the patient was doing well on Norco and was switched to long acting morphine because of denial of Norco. The patient has documented reduction in pain score, improvement in function was clearly outlined in a 12/2014 progress note which stated the patient's activity levels with and without medications (American Quality of Life Scale). Urine drug testing has been conducted in the past. There were no adverse effects noted. Therefore, the request is medically necessary.