

Case Number:	CM14-0104498		
Date Assigned:	07/30/2014	Date of Injury:	12/29/2010
Decision Date:	09/19/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 46 year old male who sustained a work injury on 12-29-10. The claimant has a diagnosis of lumbosacral disc herniation, facet hypertrophy and lumbar radiculopathy. Most recent office visit notes the claimant has low back pain rated as 8/10. He is taking medications with little benefit. His medications include Norco, Naproxen, Soma and Xanax. The claimant is depressed and in severe pain. The claimant was provided with medication refill. Office visit dated 7-29-14 notes the claimant has multiple body areas of pain. He has tenderness on all spine levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - opioids.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG notes that ongoing use of opioids require 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The claimant reports that the medications provide little benefit. The claimant is depressed and in severe pain. There is an absence in documentation of functional improvement and the claimant has ongoing high levels of pain. Therefore, the medical necessity of this request is not established, as the claimant does not meet current treatment guidelines for ongoing use of opioids.