

Case Number:	CM14-0115266		
Date Assigned:	11/03/2014	Date of Injury:	06/03/2011
Decision Date:	12/08/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 31-year-old female patient who reported an industrial injury on 6/3/2011, over three (3) years ago, attributed to the performance of her usual and customary job tasks. The patient has not worked since May 2011. The patient complains of persistent chronic neck pain with bilateral upper extremity radiation, low back pain with bilateral lower extremity radiation, and bilateral knee pain/foot pain. The objective findings on examination included moderate distress; antalgic gait; sensory examination was decrease bilaterally; range of motion of the cervical spine was limited due to pain; upper extremity flexor and extensor strength was unchanged; spasm in the bilateral paraspinous musculature; tenderness was noted upon palpation in the spinal vertebral S4-S1 levels; range of motion lumbar spine was diminished; sensory examination shows decreased sensitivity touch along the L5 dermatome in both lower extremities; motor examination demonstrated decreased strength of extensor muscles along the L4-S1 dermatome and bilateral lower extremities; reflexes were reported as diminished; positive Faber Patrick test and positive right sided Gaenslen's test. The diagnoses included cervical radiculopathy; lumbar radiculopathy; chronic pain; medication related dyspepsia; rule out sacroiliitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg, #21 for 3 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: The prescription for Hydrocodone-APAP 10/325 mg #21 for three (3) days for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the neck, back, and upper extremities (UEs)/lower extremities (Les) for the date of injury three (3) years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for reported chronic pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient is three (3) years status post (s/p) date of injury (DOI) with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back, neck or extremity pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic back pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain state, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, If: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended

or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Hydrocodone-APAP 10/325 mg #21 for three days is not demonstrated to be medically necessary.