

Case Number:	CM14-0117885		
Date Assigned:	08/06/2014	Date of Injury:	06/10/2009
Decision Date:	12/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 32-year-old Reset Specialist sustained an injury on 6/10/09 from involvement in a traffic accident while employed by [REDACTED]. Request(s) under consideration include Hydrocodone/ APAP Tab 10/325 day supply 30, QTY: 120 (RX date 06/01/14). Diagnoses include lumbar disc disease/ radiculopathy Left L5; SI joint sprain/strain; cervical strain (resolved), and sleep disorder secondary to pain and stress. Conservative care has included medications, lumbar spine LESI on 11/1/11 and 2/7/12, acupuncture, chiropractic treatment, pain management, and modified activities/rest. The patient has been declared P&S on 7/10/13 with presence of pain rated at 8/10 at all time. Medications list Ibuprofen and Hydrocodone/APAP. Report of 8/5/14 from the provider noted the patient with chronic ongoing low back pain rated at 7-8/10 without and 6-7/10 with medications; aggravated by movements of sitting, walking, standing, etc.. Exam showed lumbar spine with decreased range of motion of flex/ext/rotation/ lateral bending of 40/15/20/15 degrees; sciatic notch pain and tenderness at paraspinal muscles with positive SLR and Braggards, Patrick's and Compression test. Treatment included medications, UA, acupuncture, and LESI at L4-S1 series. The patient remained TTD status. The request(s) for Hydrocodone/ APAP Tab 10/325 day supply 30, QTY: 120 (RX date 06/01/14) was non-certified on 7/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP Tab 10/325 day supply 30, QTY: 120 (RX date 06/01/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of opioids, When to Discontinue Opioids, Opioids.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening negative for prescribed opiates in July 2013; however, no adjustment was made by the provider regarding the aberrant drug behavior. Review indicated recommendation for weaning. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Hydrocodone/APAP Tab 10/325 day supply 30, QTY: 120 (RX date 06/01/14) is not medically necessary and appropriate.