

Case Number:	CM14-0130633		
Date Assigned:	08/20/2014	Date of Injury:	07/19/2007
Decision Date:	09/26/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/15/2014

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:

Note that there are very few records available for review. The following information was gathered from the 7/29/14 UR report, except for information from the 7/30/14 , 1/17/14, 2/14/14, 3/12/14, 4/10/14 and 5/7/14 progress notes, which are in the records. This 66-year old woman reported neck and back pain after slipping and falling in a shower while cleaning a bathroom on 7/19/07. Current diagnoses include myofascial pain syndrome, anxiety, lumbar radiculopathy, and cervical radiculopathy. Treatment has included medications, physical therapy including pool therapy, chiropractic manipulation, TENS, epidural steroid injections and nerve blocks. There is a 7/2/14 progress note in the records signed by a PA which states that the patient 's pain ranges from 6 to 10/10, and has been present for more than ten years. The patient drops things frequently and falls at least occasionally, which she attributes to her pain. She can walk less than one block, can sit for less than 15 minutes, and needs to rest frequently during the day. She gets only 4 hours of sleep during the night. The patient states that her medications allow her to be minimally active, and that she would not be able to do activities of daily living without her medications. She states that her pain level increases to 9/10 when she is withdrawing from her pain medications as a result of Worker's Compensation delaying her refills. Current medications include Lidoderm patches, orphenadrine, Neurontin, alprazolam, and hydrocodone/APAP 10/325 mg, which the patient is taking three times per day. Notable physical findings include tenderness, normal cervical range of motion and decreased lumbar range of motion, with some focal neurological findings. The patient walks with a cane. The plan includes continuing Norco, consideration of Cymbalta for chronic pain and anxiety, a cervical epidural steroid injection, and occipital blocks as needed. The patient's work status is not mentioned, but given her described activity level it appears likely that she is at total disability. The previous four progress notes in the records as listed above, all written by the same PA, contain exactly the same complaints and

physical findings. All of them note that the patient is taking hydrocodone/APAP. A request for authorization of hydrocodone/ APAP 10/325 #180 was apparently made on 7/22/14, though it is not included in the records. This request was modified to #150 in UR to allow for tapering of the medication. An IMR request regarding this decision was generated 8/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Criteria for use of Opioids Page(s): 60; 76-77.

Decision rationale: Hydrocodone is an opioid medication, and therefore falls under guidelines for medications in general and for opioids specifically. Per the first guideline cited above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. Per the second guideline, Opioids should not be started without an evaluation of the patient's current status in terms of pain control and function. An attempt should be made to determine if the patient's pain is nociceptive or neuropathic. (Opioids are not generally considered to be first-line therapy for neuropathic pain.) Red flags indicating that opioid use may not be helpful should be identified, as should risk factors for abuse. Specific goals should be set, and continued use of opioids should be contingent on meeting these goals. Opioids should be discontinued if there is no improvement in function or if there is a decrease in function. The clinical findings in this case do not demonstrate that any of the above criteria have been met. There is no documentation that hydrocodone/APAP was introduced individually, with ongoing careful assessment of function. There is no documentation of evaluation of whether or not the patient's pain is nociceptive or neuropathic. No assessment was made of whether or not opioid use was likely to be helpful in this patient, or of her potential for abuse. No specific functional goals were set or followed. Most importantly, hydrocodone/APAP was not discontinued when it became clear that it has not produced any functional improvement. The patient's level of function is documented as being exactly the same from 1/10/14 through 7/29/14. This is more than adequate evidence that this patient is not responding appropriately to this medication, and that it should be discontinued. Based on the evidence-based guidelines cited above, and the clinical findings in this case, hydrocodone/APAP 10/325 #180 is not medically necessary for this patient. Hydrocodone/APAP 10/325 #180 is not medically necessary due to the lack of appropriate documentation of the patient's status prior to beginning it, on the failure to set and monitor functional goals, and on the failure to discontinue it when it became clear that it has not benefitted the patient.