

Case Number:	CM14-0135365		
Date Assigned:	08/29/2014	Date of Injury:	12/18/2003
Decision Date:	10/16/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/22/2014

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 Alabama. 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:

The patient is a 57 year old female who was injured on 12/18/2003. The mechanism of injury is unknown. Progress report dated 08/12/2014 documented the patient to have complaints of severe pain in her low back which is becoming worse. She reported without her medications her pain level is a 13/10 and with pain medication, it decreases to 5-6/10. She does not get any sleep secondary to the pain. On examination of the lumbar spine, she cannot stand erect. She has tenderness in the L5 spine with 4+ muscle spasms. Straight leg raise is positive at 25 degrees. She is diagnosed with post-traumatic neck pain, upper back pain, low back pain with underlying degenerative disk disease; and status post neck fusion of 3 discs. She is recommended for MRI of the lumbar spine and prescribed hydrocodone 10/325 mg. Prior utilization review dated 08/22/2014 states the request for Hydrocodone 10/325 Mg Quantity 240, Refill 0 is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 Mg Quantity 240, Refill 0: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The above MTUS guidelines regarding on-going management of opioids states "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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, the patient was first noted to be prescribed hydrocodone on 4/16/14, and subsequent note on 8/12/14 does not provide documentation of the 4 A's aside from analgesia. The note states "She says without pain medication her pain is 13/10 with pain medication it goes down to 5-6." However, the note does not document any functional improvement, rather stating "She has very hard time doing anything... She doesn't sleep at night." In addition, there is no documentation of adverse side effects, aberrant drug-taking behaviors, or drug screening protocol. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.