

Case Number:	CM14-0156931		
Date Assigned:	09/30/2014	Date of Injury:	05/18/1993
Decision Date:	12/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 69 year old female is a retired parts finisher with a date of injury of 9/12/84. The mechanism of injury is not documented. Treatment has included lumbar fusion from L4 to S1, epidural steroid injections, sacroiliac injections and medications. She complains of ongoing back pain with left leg numbness and right thigh burning pain. Past medical history includes intracranial bleed which required hospitalization for 19 days. Electrodiagnostic testing on 12/18/13 confirms L5 and S1 radiculopathy. In addition to her lumbar and lower extremity complaints she has cervical pain radiating to both upper extremities, hip and knee pain. Current diagnoses include lumbar pain with degenerative disc disease and radiculopathy, lumbar stenosis, sacroiliitis, cervical pain with radiculopathy, hip bursitis and right knee pain. The records do document long term use of Hydrocodone/Acetaminophen at low doses. The Utilization Review dated 09/17/2014 modified request for Hydrocodone/Acetaminophen 5/325mg #30 to Hydrocodone/Acetaminophen 5/325mg #27. The evaluating physician noted California Chronic Pain Medical Treatment Guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75,78,91.

Decision rationale: Hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of Hydrocodone/Acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records do not document decrease in pain level with use of medications. The records do not provide review and documentation of functional status with objective functional improvement, side effects, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Without the required documentation for ongoing use, as required by the MTUS, the request for hydrocodone/acetaminophen 5/325 #30 is not medically necessary.