

Case Number:	CM14-0160067		
Date Assigned:	10/03/2014	Date of Injury:	03/10/2010
Decision Date:	11/03/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 61 year old female who was injured on 3/10/2010. The mechanism of injury is unknown. Prior medication history included Norco 5/325 mg, Cyclobenzaprine, Elavil and Terocin patches. Her surgical history included lumbar surgery on 11/2/2013. Other therapies were noted to include 8 acupuncture sessions, 24 chiropractic sessions, SI injections, and activity modification. Clinical note dated 8/22/2014 indicated the patient presented with low back pain and symptoms of radiating numbness and tingling to the right lower extremity. She noted with increased activity, her pain can reach an 8/10. She also reported neck pain rated at 10/10 and bilateral pain in the wrists. She noted continued limitations with her activities of daily living such as sitting, standing, and walking. On exam, there were spasms of the lumbar spine. Her sensation was diminished on the right at L4-L-5 dermatomes. Motor strength was rated as 4+/5. She was diagnosed with lumbosacral spondylosis without myelopathy, carpal tunnel syndrome, sacroilitis, non-traumatic rupture of tendon of biceps and lumbar intervertebral disc without myelopathy. The patient was recommended to continue with hydrocodone/APAP 5/325 mg which she has been utilizing since 02/14/2014 (at this time, she provided a pain score of 9/10 without medications and a 5/10 with medications). Prior UR dated 9/16/14 denied the request for 120 tablets of Hydrocodone/APAP 5/325mg because there was no indication as to how often the patient utilized the medication or the relief obtained from the medication. The therapeutic and functional benefit in the ongoing use was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Hydrocodone/APAP 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

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

Decision rationale: The above MTUS guidelines for ongoing 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 non-adherent) 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 4 A's are not addressed in office note from 8/22/14. The note simply states ". The patient is taking Norco 5/325mg as needed for severe pain; neck pain currently rated 10/10 on the pain scale. The alternatives, side effects, and potential complications of these medications were discussed and the patient understood." These statements do not document the 4 A's as above. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.