

Case Number:	CM14-0165569		
Date Assigned:	10/10/2014	Date of Injury:	06/24/1999
Decision Date:	11/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/08/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 65 years old male with an injury date on 06/29/1999. Based on the 09/23/2014 progress report provided by [REDACTED], the diagnoses are: 1. Shoulder joint pain 2. Lower leg pain 3. Cervical DDD 4. Cervical postlaminectomy syndrome 5. Bulging lumbar disc 6. Cervicalgia According to this report, the patient complains of a "flare-up of his LT sciatic pain." Pain is described as aching, soreness, and throbbing that is at a 6/10. The patient states "continued benefit with use of his pain medications which allows him to continue to stay active with fishing and hunting, mowing his yard with riding lawn mower, and household chores." Physical exam reveals decreased cervical and lumbar ranges of motion. Positive sensory deficits at C6-C7 dermatomes, bilaterally and left L4-L5 dermatomes. The 08/26/2014 report indicates decreased right shoulder range of motion; with pain level at a 6/10. Patient's treatments history includes Chiropractic care with "good benefit for his LBP " and " TPIs 2 mon back alleviated his pain however lasted only 10-12 days in duration." The patient had "neck sx removal of c3-c6, 2 rt knee sx, rt knee replacement in 2010, rt shoulder replacement 2007." There were no other significant findings noted on this report. The utilization review denied the request on 10/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/2013 to 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 88-89; 76-78.

Decision rationale: According to the 09/23/2014 report by [REDACTED] this patient presents with a "flare-up of his LT sciatic pain." Pain is rated at a 6/10. The treater is requesting prospective request for 1 prescription of Hydrocodone / Acetaminophen 10/325 mg #60. Norco was first mentioned in the 08/26/13 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. Some ADL's and functional improvement specific to the opiate use are discussed. However, no outcome measures are provided; no aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. As such, the request for Hydrocodone/Acetaminophen 10/325mg #60 is not medically necessary and appropriate.