

Case Number:	CM14-0165952		
Date Assigned:	10/13/2014	Date of Injury:	02/01/2007
Decision Date:	11/12/2014	UR Denial Date:	09/17/2014
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 Occupational 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:

The claimant was injured on 02/01/07. Hydrocodone is under review. On 03/14/14, the claimant was seen post-op following an L3-S1 fusion posteriorly with an iliac crest bone graft. He stated the pain in the left leg had not improved and he had an episode of right leg numbness while driving his son to school. He was taking four Norco a day, Lyrica, and Soma. He was advised to use a lumbar brace. The incision was healing well. X-rays showed no evidence of lucency. He was to increase the Lyrica. On 04/28/14, he reported some increasing right lower extremity pain. On 06/27/14, Celebrex and physical therapy were ordered. A CT scan showed a successful fusion from L2-S1. His strength was good. He was to continue physical therapy and his Norco was to be refilled one last time. He was also given Lyrica and Celebrex. On 08/04/14, he received Soma. On 08/05/14, request was made for him to see pain management for management of his pain medications. He was taking Norco, Soma, Lyrica, and Celebrex. He was to continue rehab. He had good strength and intact sensation. He was also prescribed a TENS unit on 08/20/14. He still was having back pain and right leg radiculopathy. He had noticed some improvement with starting physical therapy but he only completed 3 of 18 sessions authorized. He had not gotten the Celebrex. He was still taking 2 tablets of Norco daily. A compound cream was also recommended. He was to continue be 18 sessions of PT. A CT scan and MRI of the lumbar spine were ordered. On 09/09/14, his diagnoses included opioid tolerance. Hydrocodone 10/325 mg was recommended TID. He was also given Methadone, Lyrica, and Soma. On 09/08/14, he reported starting the Celebrex the day before and he was not sure if it was helping. He remained on Norco 10 BID and an epidural steroid injection was recommended. He was taking four Norco 10 mg a day. Methadone 5 mg by mouth TID, Norco 10 TID when necessary (encouraged to not use more than 2). He was to continue the Lyrica which may need to be increased.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 APAP, 1 tablets by mouth 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain when to discontinue Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Hydrocodone 10/325 one tablet TID #90. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "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." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Hydrocodone is unclear other than he takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. No urine drug tests are included in the records. As such, the medical necessity of the ongoing use of Hydrocodone 10/325 TID has not been clearly demonstrated.