

Case Number:	CM14-0178093		
Date Assigned:	10/31/2014	Date of Injury:	03/29/2004
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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, 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 60 year old male with an injury date on 03/29/2004. Based on the 06/20/2014 progress report provided by the treater, the diagnoses are:1. Chronic lumbosacral strain/sprain with intermittent right side radiculopathy2. Degenerative disc disease in the lumbar spine diffusely corroborated with MRI showing annular tears and degenerative disease3. Chronic thoracic back muscles strain/sprain with Myofascial pain syndrome at multi-levels4. Chronic right-handed grip strength weakness5. Chronic right-handed epicondylitis, medial and lateral epicondylitis in that extremity6. Gastritis associated with anti-inflammatory use. According to this report, the patient complains of "persistent low back pain with radiculopathy down the right lower extremity." Physical exam shows restricted lumbar range of motion with some discomfort. Tenderness and guarded muscles are noted at the lumbosacral and thoracic regions. Straight leg raise is positive. Deep tendon reflexes of the lower extremity are decreased bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 2.5/325mg #240 (4 month supply): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for use of opioids Page(s): 60,61;76-78;88-89.

Decision rationale: According to the 06/20/2014 report by the treater, the patient presents with "persistent low back pain with radiculopathy down the right lower extremity." The treater is requesting Hydrocodone/APAP 2.5/325mg #240 (4 month supply). Hydrocodone/APAP was first mentioned in this 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, activities of daily living (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. Overall, the patient's "pain level drops on a visual analog scale (VAS) scale from about 8/10 to about 4/10 and he is functional. He is able to do his activities of daily living such as sleep and self-care for himself. He is able to find pleasure in things in life that he had before such as intimacy, which he would not be able to do without that. He would also be nonfunctional." Review of report shows numerical scale to assessing the patient's pain levels and documentation of ADL's were provided. However, no outcome measures are provided; no aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology or CURES. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request is not medically necessary and appropriate.