

Case Number:	CM14-0184713		
Date Assigned:	11/12/2014	Date of Injury:	05/30/2012
Decision Date:	12/16/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 31-year-old male with complaints of low back pain. The date of injury is 5/30/12 and the mechanism of injury is while lifting heavy furniture he suddenly felt severe pain in his low back with radiation to the right side. At the time of request for hydrocodone/APAP 10/325 mg, there is subjective (increased soreness in his low back, grinding sensation in his low back while standing up from bending over, pain with back rotation, and burning sensation in his back; averages 6-7/10 with no work and 8-9/10 with work. He does not sleep well.), objective (limited low back ROM in all directions; tenderness over the lower lumbar paraspinal muscles and facet joints on the left; tight mid and low back muscles; and pain with oblique extension/rotation), findings, imaging/other findings (L-spine MRI dated 6/22/12 revealed L4-5 broad right posterolateral disc bulge measuring 3 mm displacing the right L4-5 root in the lateral recess and L5-S1 left paracentral disc protrusion. UDS dated 5/19/14 was positive for acetaminophen, oxazepam, hydromorphone, morphine, and hydrocodone), current medications (gabapentin, hydrocodone/APAP, amphetamine, cyclobenzaprine, escitalopram, ibuprofen, lorazepam, methylphenidate, omeprazole, permethrin cream, ProAir HFA, triamcinolone acetonide cream and zolpidem), diagnoses (chronic pain syndrome, displacement of lumbar intervertebral disc without myelopathy, lumbar radiculopathy, and lumbar facet joint pain), and treatment to date (chiropractic treatment, PT, acupuncture and medications with mild temporary relief. L5-S1 interlaminar ESI on 7/2/14 with pain relief. Norco three times a day with 50% pain reduction, and more functional. TENS unit, stretches, and ice and heat. On Norco since at least 9/27/12. Pain rated at 8/10 on 7/14/14; 5-6/10 on 8/12/14; and 6-7/10 on 10/14/14). The request for hydrocodone/APAP 10/325 mg, #90 was modified to 1 prescription of hydrocodone/APAP 10/325 mg #41 on 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84, 91.

Decision rationale: Vicodin (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. Although there is mention of improved functioning and pain relief, there is no documentation of surveillance such as urine drug testing, presence or absence of aberrant behavior, pill counts, medication contract, etc. Therefore, the request for Hydrocodone/APAP 10/325 mg, 90 count is not medically necessary/appropriate.