

Case Number:	CM14-0169945		
Date Assigned:	10/20/2014	Date of Injury:	05/05/2000
Decision Date:	01/29/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/15/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

8/21/14 note reports pain in the back with pain 10/10 at worst and 1/10 on average. There are no exacerbating factors and it is relieved by medicines. There is interference with ADLs. Medications are listed as oxycodone, soma, norco, ketoprofen, Colace, biofreeze, Lidoderm, and lisinopril. Examination findings are reduced range of motion with strength of 3/5 in hip flexion and 4/5 for knee extension and ankle dorsiflexion. There is decreased sensation to touch in L4-5. There was no report of UDS. 7/25/14 note indicates pain in the low back. There are no exacerbating factors and it is relieved by medicines. There is interference with ADLs. Medications are listed as oxycodone, soma, norco, ketoprofen, Colace, biofreeze, Lidoderm, and lisinopril. Examination findings are reduced range of motion with strength of 3/5 in hip flexion and 4/5 for knee extension and ankle dorsiflexion. There is decreased sensation to touch in L4-5. There was no report of UDS. 8/22/14 note reports pain in the back. It is 5/10 on average. Examination findings are reduced range of motion with strength of 3/5 in hip flexion and 4/5 for knee extension and ankle dorsiflexion. There is decreased sensation to touch in L4-5 UDS was reported to be on order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP/10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: ODG guidelines support opioids with : 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 nonadherent) drug-related behaviors. The medical records report chronic pain and ongoing use of two short acting opioids - oxycodone 30 mg and hydrocodone. ODG supports that the lowest possible dose should be prescribed and that one opioid should be prescribed at a time. As the medical records do not demonstrate a medical rationale for using two short acting opioids, the medical records do not support a need for hydrocodone congruent with ODG guidelines.