MAXIMUS Federal Services

Case Number:	CM14-0213731		
Date Assigned:	12/31/2014	Date of Injury:	11/03/2002
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 female with an injury date on 11/3/02. The patient complains of bilateral low back pain, which is worse on the right side, pain rated 6/10 on VAS scale per11/19/14 report. The patient's pain radiates along the right L4-5 distribution with constant, burning sensation but patient denies lower extremity weakness per 11/19/14 report. The pain is alleviated with exercise/physical therapy, head, ice, lumbar flexion, and medication per 10/21/14 report. Based on the 11/19/14 progress report provided by the treating physician, the diagnoses are:1. Opioid dependence2. Sleep disorder3. Lower back pain4. Chronic pain syndrome5. Depressive disorder6. Lumbar post-laminectomy syndromeA physical exam on 11/19/14 showed "normal gait." No range of motion testing was provided in reports dated 10/7/13 to 11/19/14. The patient's treatment history includes medications, laminectomy, and physical therapy. The treating physician is requesting hydrocodone/acetaminophen 10/300mg #60. The utilization review determination being challenged is dated 11/26/14. The requesting physician provided treatment reports from 10/7/13 to 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

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

Decision rationale: This patient presents with lower back pain. The treater has asked for Hydrocodone/Acetaminophen 10/300mg #60 on 11/19/14. Patient has been taking hydrocodone/acetaminophen since 10/7/13 report. The patient switched from Hydrocodone to Norco on 3/24/14 report due to allergic reaction to the yellow dye in the Hydrocodone tablet. Patient has been taking Norco since 3/24/14 PRN and not while driving per 11/19/14 report. But patient has opioid induced hyperalgesia and trouble with reflex related to a hiatal hernia while taking Norco per 11/19/14 report. The patient is having a future surgery which is not specified per 11/19/14 report. It appears the treater is requesting a switch from Norco to Hydrocodone per 11/19/14 report. For chronic opioids 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 adverse 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. In this case, the treater indicates a decrease in pain with current medications which include the opiate, stating "with current medication regimen, her pain symptoms are adequately managed" per 10/17/13 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology was done, opioid contract was signed, and CURES report shows compliance per 3/24/14 report. The 4/22/14report states the urine drug screen was within normal limits. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.