MAXIMUS Federal Services

Case Number:	CM14-0213901		
Date Assigned:	12/31/2014	Date of Injury:	10/04/2013
Decision Date:	02/27/2015	UR Denial Date:	12/15/2014
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 45 year old male with an injury date on 10/4/13. The patient complains of low lumbar pain with left lower extremity symptoms rated 6/10, and thoracic pain rated 5/10 per11/17/14 report. The patient also has headaches per 10/28/14 report. The patient had 12 recent physical therapy sessions with unspecified benefit per 9/11/14 report. Based on the 11/17/14 progress report provided by the treating physician, the diagnoses are:1. left S1 radiculopathy (electrodiagnostically positive)2. Rule out thoracic disc protrusionA physical exam on 11/17/14 showed "L-spine range of motion is limited with right rotation 40% of normal. Positive straight leg raise on the left." The patient's treatment history includes medications, LSO brace, TENS, physical therapy, epidural steroid injection injection. The treating physician is requesting hydrocodone 7.5mg twice a day (unspecified quantity). The utilization review determination being challenged is dated 12/15/14. The requesting physician provided treatment reports from 5/22/14 to 12/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5 MG twice a day (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81. Decision based on Non-MTUS Citation http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf

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, left lower extremity pain, thoracic pain. The treating physician has asked for HYDROCODONE 7.5MG TWICE A DAY (UNSPECIFIED QUANTITY) on 11/17/14. Patient was first prescribed hydrocodone on 7/31/14 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 treating physician does not indicate a decrease in pain with current medications but does mention that patient does not suffer any side effects from taking hydrocodone per 9/11/14 report. 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 is reviewed with consistent findings in 9/11/14 report, but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request IS NOT medically necessary.