

Case Number:	CM14-0214882		
Date Assigned:	01/07/2015	Date of Injury:	06/04/2001
Decision Date:	02/24/2015	UR Denial Date:	12/12/2014
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 55year old female with an injury date on 06/04//2001. Based on the 11/14/2014 progress report provided by the treating physician, the diagnoses are: 1. Displacement of lumbar intervertebral disc without myelopathy 2. Spondylosis without myelopathy 3. Degeneration of lumbosacral intervertebral disc 4. Chronic pain. According to this report, the patient presents for a routine F/U of her lumbar spine injury. Physical exam reveals muscle aches and weakness and arthralgias/joint pain and back pain. Psychiatric exam indicates depression, anxiety, and restless sleep. Treatment to date includes right foot orthopedic surgery on 03/35/2014, left knee TKR in 2012, right wrist ORIF in 1992, and Hysterectomy in 1989. The treatment plan is to delay patient's left foot surgery until the beginning of next year. The 10/16/2014 report indicates patient's present pain is a 3-5/10 and average pain is 5/10. The patient can ambulates up to 1 city block with straight cane; standing tolerance 15 min; ambulation tolerance: 20 min. The patient's work status was not mentioned the provided report. There were no other significant findings noted on this report. The utilization review modified the request for 2 prescriptions of hydrocodone / acetaminophen #120 to 1 prescription of hydrocodone / acetaminophen #24 on 12/12/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 08/16/2013 to 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #120 with 1 refill: Overturned

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

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

Decision rationale: According to the 11/14/2014 report, this patient presents for a routine F/U of her lumbar spine injury. The current request is for 2 prescriptions of Hydrocodone / Acetaminophen 10/325mg #120 modified to 1 prescription of Hydrocodone / Acetaminophen 10/325mg #24. The Utilization Review denial letter states "The determination for a refill for the second requested prescription should be contingent upon the patient's updated response to the tapered quantity of hydrocodone-acetaminophen." This medication was first mentioned in the 08/16/2013 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 4 A's (analgesia, 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. Per 10/16/2014 report, patient's pain ranges from 5/10 to 3/10. The treating physician documented that the patient can cook with minimal assistance from other; drive with moderate assistance from other; housekeeping with moderate assistance from other; and shopping with moderate assistance from other. The patient reported a 40 percent decrease in pain. Aberrant Drug-related behavior; none. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request is medically necessary.