

Case Number:	CM14-0219215		
Date Assigned:	01/09/2015	Date of Injury:	08/31/2004
Decision Date:	03/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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 & Rehabilitation

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 injured worker is a 39 year old female, who sustained an industrial injury on August 31, 2004. She has reported back pain at the time of her injury. The diagnoses have included lumbar disc displacement, lumbar sprain, therapeutic drug monitor, long-term use of medications and chronic pain. Treatment to date has included medication. An MRI of the lumbar spine on 11/11/2014 revealed central disc protrusion with a central/left paracentral annular fissure at L5-S1 without evidence of nerve root impingement or displacement. Currently, the injured worker complains of continued increasing back pain and rates the pain a 10 on a 10-point scale. She reports ongoing radicular symptoms that are described as numbness and tingling. She notes that her back pain occasionally radiates up into her thoracic spine as well. The injured worker reported that she was not using any pain medication as she is breastfeeding. On December 4, 2014 Utilization Review non-certified a pharmacy purchase of hydrocodone/bit/APAP 5/325 mg #30 noting that a conversation with the injured worker's physician revealed that the hydrocodone had been discontinued while the injured worker was nursing her baby. The California MTUS Chronic Pain Treatment Guidelines were cited. On December 30, 2014, the injured worker submitted an application for IMR for review of hydrocodone/bit/APAP 5/325 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Hydrocodone/BIT/APAP 5/325 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient is a 39 year old female who presents with chronic lower back pain rated 10/10 which radiates to the bilateral lower extremities which is exacerbated by physical activity. The patient's date of injury is 08/31/04. Patient has no documented surgical history directed at this complaint. The request is for PHARMACY PURCHASE OF HYDROCODONE/BIT/APAP 5/325 #30. The RFA is dated 12/26/14. Physical examination dated 12/26/14 notes spasm, tenderness and guarding to the lumbar paraspinal muscles, no other pertinent physical findings are included. The patient is currently prescribed Ibuprofen, Capsaicin, Lidocaine ointment, and Flector patches. Diagnostic imaging included MRI of the lumbar spine dated 1/14/14, significant findings include: "L5-S1 central protrusion with central/left paracentral annular fissure, L2-3 small central protrusion minimally effacing the thecal sac." Patient is classified permanent and stationary. 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 regards to the request for Hydrocodone for the management of this patient's intractable chronic pain, the treater has not provided adequate evidence to continue this medication. Also, it appears that this is in fact a prospective medication to be utilized when this patient is no longer breast feeding. Progress report dated 12/26/14 states "the patient was previously on Norco 5/325 which did provide analgesia. She would like to continue with this medication when she is done breast feeding." There is no documentation that prior use of medication provided functional improvement. There is also no discussion as to why the patient needs to go back to taking opiates when the patient did not need them while breast feeding, caring for the child, etc. The request IS NOT medically necessary.