

Case Number:	CM15-0017315		
Date Assigned:	02/02/2015	Date of Injury:	12/20/1980
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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 67 year old male, who sustained a work related injury on 12/20/80. The diagnoses have included arthritis, chronic pain syndrome, and lumbar degenerative disease. Treatments to date have included EMG/NCS studies of upper and lower extremities, oral medications including Norco, injections, and MRI lumbar spine. In the PR-2 dated 1/14/14, the injured worker complains of "sharp, shooting, and debilitating pain that goes from his lower back down the entire left lower extremity." He is having pain in his right knee. He rates the pain an 8-9/10. He states he is that he cannot do activities of daily living due to the pain. He states he cannot sit for too long before pain becomes severe. On 1/12/15, Utilization Review modified a prescription request for Hydrocodone/Acetaminophen 10/325mg., 30 day supply #240 with 2 refills to Hydrocodone/Acetaminophen 10/325mg., 30 day supply, #240 with no refills. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 mg tablet #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, Criteria for Use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: This patient presents with chronic stiffness and aching pain in the lower back with diminished strength in the lower extremities. The current request is for HYDROCODONE/ACETAMINOPHEN 10/325MG TABLET #240. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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. MTUS p 90 states that the maximum dose for Hydrocodone is 60mg/day. MTUS further states that Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved Hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of Hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. This patient has been utilizing Hydrocodone/acetaminophen since at least 3/28/14. According to the progress report dated 3/28/14, the patient requires this medication "to maintain ADL's and to preserve prior quality of life." Progress report dated 5/21/14, notes that "pain is well controlled on regular dosing of oral Hydrocodone APAP." In this case, recommendation for further use of this medication cannot be supported as there are no discussions regarding specific functional improvement, changes in ADL's or change in work status to document significant functional improvement. There are no outcome measures or discussions regarding possible aberrant behaviors or side effects as required by MTUS for opiate management. In addition, the treating physician has prescribed #240 with a recommendation for follow up in 4 weeks. MTUS states that Hydrocodone has a recommended maximum dose of 60mg/24 hours and the dosage of acetaminophen should not exceed 4g/24 hours. This request IS NOT medically necessary.