

Case Number:	CM15-0111561		
Date Assigned:	06/18/2015	Date of Injury:	08/09/2013
Decision Date:	07/20/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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 53 year old male, who sustained an industrial injury on 8/9/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc degeneration, chronic pain, lumbar facet arthropathy, obesity and alcohol abuse. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/29/2015, the injured worker complains of constant low back pain rated 10/10 without medications and 8/10 with medications. Pain was accompanied by numbness and tingling of the bilateral lower extremities. Physical examination showed lumbosacral spasm and tenderness in the paravertebral areas of the lumbosacral spine. Recent urine drug screen and CURES reports were consistent with prescribed medications. The treating physician is requesting Hydrocodone 5/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue opioids.

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

Decision rationale: Based on the 04/29/15 progress report provided by treating physician, the patient presents with low back pain that radiates down bilateral extremities, rated 8/10 with and 10/10 without medications. The request is for Hydrocodone 5/325MG #60. Patient's diagnosis per Request for Authorization form dated 05/18/15 includes lumbar disc degeneration and lumbar facet arthropathy. Physical examination to the lumbar spine on 04/29/15 revealed tenderness and spasm noted on L4-S1 bilateral paraspinal musculature. Range of motion moderately limited and painful on all planes. Treatment to date included imaging studies, injections, home exercise program, weight loss program and medications. The patient is currently not working, per 04/29/15 report. Treatment reports were provided from 11/26/14 - 05/12/15. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs. Hydrocodone has been included in patient's medications, per progress reports dated 11/26/14, 03/04/15, and 05/12/15. Per 04/29/15 report, the patient reports medication is helpful and treater states Hydrocodone for chronic pain. Time until pain relief is 20 minutes. The pain relief from each medication dose lasts 24 hours. The least reported pain since last assessment was 5 on a scale of 1 to 10. The patient reports 90% improvement due to therapy. Areas of functional improvement as a result of the above therapy include: bathing, caring for pat, combing/washing hair, concentrating, cooking, mood, sitting, sleeping, standing. The patient reports his quality of life has been improved as a result of the above treatment. [The patient] wishes to continue this therapy based on his decreased pain, his increased level of function and his improved quality of life. Cannot wean off. Hydrocodone 5mg appears to be minimum needed daily to function pending surgery. Hydrocodone has been helpful in managing ADL's to a reasonable degree. Without this medication his function is markedly worse." CURES obtained 04/29/15 with no noted inconsistencies, and signed and complied with opioid pain agreement, per 04/29/15 report. UDS's dated 01/09/15 and 04/29/15 showed results consistent with prescribed medications. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.