

Case Number:	CM15-0118431		
Date Assigned:	06/26/2015	Date of Injury:	06/03/2013
Decision Date:	08/28/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 6/3/2013. The current diagnoses are lumbar sprain/strain and lumbar radiculopathy. According to the progress report dated 4/2/2015, the injured worker complains of low back pain with bilateral lower extremity symptoms. The pain is rated 7/10 on a subjective pain scale. The physical examination reveals tenderness to the lumbar spine, reduced range of motion, and positive straight leg raise test bilaterally. The current medications are Tramadol, Hydrocodone, Naproxen, Pantoprazole, and Cyclobenzaprine. Per notes, medication at current dosing facilitates maintenance of activities of daily living and results in analgesia. He reports history of requiring up to 5 Hydrocodone a day prior to Tramadol, now he is consuming no greater than 2-3/day for breakthrough pain only. However, urine drug screens from 10/16/2014 and 11/17/2014 were inconsistent with prescribed medications; no medications were detected. There are no recent drug screens available for review. Treatment to date has included medication management, cold, heat, activity modification, MRI studies, physical therapy, LSO brace, TENS unit, and home exercise program. MRI from 8/14/2013 demonstrated L2-3 and L4-5 moderate central canal stenosis and L5-S1 moderate bilateral foraminal stenosis. Disability status: Temporarily partially disabled with sedentary work only. A request for Hydrocodone has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 51, 74-96.

Decision rationale: According to the MTUS and ODG, Hydrocodone is a short-acting opioid analgesic. The guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is no documentation of "the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Additionally, the urine drug screens dated 10/20/2014 and 11/17/2014 were inconsistent with prescribed medications; no medications were detected. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Hydrocodone is not medically necessary.