

Case Number:	CM15-0144218		
Date Assigned:	08/06/2015	Date of Injury:	08/09/2013
Decision Date:	10/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/24/2015

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:

This 54 year old male sustained an industrial injury on 8-09-13. He subsequently reported low back pain. Diagnoses include lumbar disc degeneration, lumbar spinal stenosis and lumbar facet arthropathy. Treatments to date include MRI testing, radiofrequency rhizotomy and nerve block, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral lower extremities. Upon examination, there was spasm noted L4-S1 in the bilateral paraspinal musculature, Tenderness was noted upon palpation in the bilateral paravertebral area L4- S1 levels, The range of motion if the lumbar spine was slightly to moderately limited. Pain was significant with range of motion. A request for Hydrocodone 5/325 mg Qty 60, 2 times daily was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 mg Qty 60, 2 times daily: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The patient presents on 06/24/15 with lower back pain which radiates into the bilateral lower extremities rated 9-10/10. The patient's date of injury is 08/09/13. Patient is status post lumbar radiofrequency rhizotomy at L4-S1 levels on 10/14/14. The request is for hydrocodone 5/325mg qty 60, 2 times daily. The RFA is dated 05/18/15. Physical examination dated 06/24/15 reveals spasms and tenderness in the bilateral lumbar paraspinal musculature from L4 to S1 levels and reduced lumbar range of motion. The patient is currently prescribed Norco, Gabapentin, and Flector patches. Patient is currently not working. MTUS Guidelines, Criteria For the Use of Opioids for Long-term Users of Opioids (6-months or more) section, page 88-89 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, Therapeutic trial of opioids, section on On-Going Management 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 regard to the continuation of Norco for the management of this patient's chronic pain, the request is appropriate. Guidelines require documentation of analgesia via a validated scale attributed to medications, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. Per progress note dated 06/24/15 the provider does include documentation of analgesia, stating: "reported pain since last assessment was a 5 on a scale of 1 to 10. The patient reports 90% improvement due to this therapy..." The physician notes several activity-specific functional improvements, consistent urine drug screening to date, and a stated lack of aberrant behavior. In this case, the MTUS documentation criteria have been satisfied. Per the most recent progress note, the physician states that this patient is currently pending authorization for lumbar spine and that medications should be continued until the operation takes place. However, it is not clear from the documentation whether or not the requested procedure has been authorized or carried out. Given the adequate 4A's documentation, this patient's relatively low dose, and the evidence of pending surgical intervention, continuation of this medication is substantiated. The request IS medically necessary.