

Case Number:	CM15-0170363		
Date Assigned:	09/10/2015	Date of Injury:	07/08/2009
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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 64 year old male, who sustained an industrial injury on 7-8-09. The injured worker has complaints of ongoing headaches and neck pains that refer to both arms. The injured worker reported pain scale of six on a 1 to 10 scale with medications and pain scale of 8 on a scale of 1 to 10 without medications. The documentation noted on examination that range of motion extension, left lateral bending and right lateral bending was limited. Lumbar spine palpation has mild tenderness and lumbar flexion and extension was diminished. Urine drug screen from 7-15-15 was negative for amphetamines, barbiturates, benzodiazepine, cocaine metabolite, methadone and opiates. The diagnoses have included cervical pain and cervicalgia; lumbago, low back pain and headache. Treatment to date has included zolpidem for insomnia; Norco for pain and gabapentin. The original utilization review (7-30-15) partially approved a request for Hydrocodone Acetaminophen 10/325mg #75 (original request for #100) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 07/08/09 and presents with neck pain and back pain. The request is for Hydrocodone Acetaminophen 10/325 MG #100. The RFA is dated 07/24/15 and the patient is permanently disabled. He has been taking this medication as early as 05/14/15 and treatment reports are provided from 02/02/15 to 07/15/15. MTUS, Criteria For Use Of Opioids Section, 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, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4 A's (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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The patient is diagnosed with cervical pain and cervicalgia; lumbago, low back pain, and headache. The 05/14/15 report states that the patient rates his pain as a 6/10 with medications. The 06/11/15 report indicates that the patient is stable with his current meds schedule and denies any side effects or impairment. Patient is active and does his own ADLs. Patient does not display any aberrant behavior. On 06/11/15 and 07/15/15, he rated his pain as a 6/10 with medications and a 10/10 without medications. He is able to cook, do laundry, garden, shop, bathe, dress, drive, brush his teeth, perform self-care, and perform house/yard work. The patient had a urine drug screen conducted on 07/15/15 and was consistent with his prescribed medications. Although the treater provides documentation of all 4 A's, long term use of opiates is not recommended for low back pain. Therefore, the request is not medically necessary.