

Case Number:	CM15-0171642		
Date Assigned:	09/11/2015	Date of Injury:	05/27/2000
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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 74 year old male, who sustained an industrial injury on May 27, 2000. The injured worker was diagnosed as having facet arthropathy, low back pain, degenerative disc disease lumbar, chronic pain syndrome, and lumbar spondylosis without myelopathy. Medical records (May 15, 2015 to July 20, 2015) indicate the injured worker has ongoing mild, aching, localized lower back pain. Bending and lifting aggravate his symptoms. Injections and pain medications relieve his symptoms. His pain was rated 5 out of 10 without medications, 1-3 out of 10 with medications, and 3 out of 10 on average over the past month. Lumbar facet injections have provided him with 80 % pain relief for several months at a time, which allowed him to decrease use of pain medications and to resume golfing. He is retired, plays golf once a week in the summer, goes for long walks, and fishes every two weeks or so in the winter. He was able to work or volunteer limited hours for at least 6 hours daily and have energy to make plans for one evening of social activity during the week. The treating physician noted the injured worker has had no side effects with the prescribed medication and there was no evidence of a current substance use disorder. His opiate risk was documented as low. Records also indicate a urine drug screen was performed on January 20, 2015 and the Controlled Substance Utilization Review and Evaluation System (CURES) was addressed on January 20, 2015. Treatment has included lumbar facet injections and pain medications (Hydrocodone-Acetaminophen 7.5mg/325mg since at least April 2015). On July 20, 2015, the requested treatments included Hydrocodone-Acetaminophen 7.5mg/325mg. On August 19, 2015, the original utilization review partially approved a request for Hydrocodone-Acetaminophen 7.5mg/325mg #75 (original request for #90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 7.5mg/325mg; one bid tid prn quantity: 90: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Second edition (2004), Chapter 6, page 115.

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: Based on the 05/27/15 progress report provided by the treating physician, this patient presents with pain to neck and left shoulder, and low back pain radiating down left leg, rated 5/10 with and 3/10 without medications. The patient is status post hip replacement surgery in 1998 and 2010. The request is for Hydrocodone-Acetaminophen 7.5mg/325mg; One-Bid Tid Prn Quantity: 90. RFA with the request is not provided. Patient's diagnosis on 05/27/15 includes chronic lumbar degenerative disc disease, chronic pain syndrome, chronic low back pain, chronic lumbar spondylosis without myelopathy, chronic facet arthropathy, and COAT. Physical examination to the lumbar spine on 05/27/15 revealed spasm and tenderness to palpation to the paraspinal muscles and paraspinal facets. Range of motion was painful and decreased, especially on extension 10 degrees. Treatment to date has included imaging studies, lumbar facet injections and medications. Patient's medications include Norco, Prilosec, Simvastatin, Nadolol, Lotrel, and vitamins. The patient is retired and remains permanent and stationary, per 05/27/15 report. 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 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, 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." Norco has been included in patient's medications, per progress reports dated 05/15/15, 07/20/15 and 09/21/15. It is not known when the medication was initiated. Per 05/15/15 report, with regards to Norco, treater states "the patient has undergone trial tapers in the past. This patient has always utilized his medications responsibly and we have no reason to believe that the patient is not on the lowest required amount...[the patient] is up-to-date on all of his testing except for his serum drug levels. His CURES, opiate agreement and UDS are up-to-date." Treater states in progress report dated 09/21/15 that prior adjuster only fixates on pain level

and ignores the discussion of the increased functional activities that with the combination of the low dose Norco and regular procedures provide." Per 07/20/15 report, treater states "the Hydrocodone is taken two to three times per day; it lasts about 6 hours and each pill gives him close to 50% pain relief. He is long retired; he plays golf once per week in the summer and he goes for walks. He is also able to fish every two weeks or so in the wintertime. The patient was administered American Quality of Life Scale: with medications, the patient is able to work/volunteer limited hours. Take part in limited social activities on weekends... Opiate Risk Tool (ORT) The ORT is used to help predict aberrant behavior in patients who are being treated with opioids. The patient's total score is 0. Total score risk category: Low risk 0-3." The patient has an Oswestry disability Index score of 26%, indicating moderate disability, and UDS dated 01/20/15, per 07/20/15 report. 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.