

Case Number:	CM15-0026890		
Date Assigned:	02/18/2015	Date of Injury:	06/13/2003
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/11/2015

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 56 year old female, who sustained a work related injury on 6/13/03. The diagnoses have included lumbar disc displacement without myelopathy, sciatica and lumbar spinal stenosis. Treatments to date have included aquatic therapy, oral medications, Lidoderm patches, MRI lumbar spine, use of a cane, and multiple epidural steroid injections. In the PR-2 dated 1/12/15, the injured worker complains of chronic low back pain with pain that radiates down leg, right greater than left. On 1/22/15, Utilization Review non-certified a request for Hydrocodone/APAP 10/325mg., #120. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Per the 01/12/15 report the patient is a 55 year old female with an injury date of 06/13/03 that presents with chronic lower back and bilateral lower extremity pain s/p multiple ESI without significant long term benefit. The current request is for Hydrocodone/ Apap 10/325mg qty 120 per the RFA for DOS 01/12/15. The patient is not working but is attending school part time as of 02/10/15. 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. The reports provided for review show that the patient has been prescribed this medication since at least 03/25/13. The treater states that Norco provides pain relief and improves the patient's function. On 02/10/15 pain is rated 7/10 without medications. However, The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales. Pain is not routinely assessed through the use of pain scales or a validated instrument. The treater mentions a number of ADL's that are restricted due to the patient's pain; however, this information does not provide specific ADL's that show a significant change with the use of this medication. The patient denies adverse side effects and the reports repeatedly cite UDS results that are consistent with prescribed medication. A UDS report from 08/04/14 is included for review. In this case, there is not sufficient documentation of analgesia and ADL's as required by the MTUS guidelines. Therefore, the request IS NOT medically necessary.