

Case Number:	CM15-0026971		
Date Assigned:	02/19/2015	Date of Injury:	03/25/1998
Decision Date:	04/03/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/12/2015

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 59 year old male, who sustained an industrial injury on 3/25/1998. On 2/12/15, the injured worker submitted an application for IMR for review of Retrospective Hydrocodone 10/325mg quantity 80 (DOS: 12/09/14). The treating provider has reported the injured worker continues to maintain relatively well with his back and leg pain. The diagnoses have included chronic right knee, lumbar degenerative disc disease. Treatment to date has included physical therapy, MRI Lumbar (8/3/06), EMG lower extremity (5/3/12), status post left shoulder arthroscopic subacromial decompression distal clavicle excision (1/18/99), lumbar epidural steroid injection (1/23/07), physical therapy, left shoulder cortisone injections, TENS unit, gym membership, chiropractic care, psychotherapy, medications. On 2/10/15 Utilization Review non-certified Retrospective Hydrocodone 10/325mg quantity 80 (DOS: 12/09/14). The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone 10/325mg quantity 80 (DOS: 12/09/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-81.

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

Decision rationale: The patient presents with pain and weakness in his lower back and right knee. The request is for RETROSPECTIVE HYDROCODONE 10/325MG #80 DOS 12/09/14. The patient is currently taking Norco and Theramine. The patient has been utilizing Norco since at least 02/18/14. Regarding chronic opiate use, MTUS guidelines page 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 4A'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. The review of the reports does not show any discussion specific to this medication other than the treater's request. The 4 A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.