

Case Number:	CM15-0064721		
Date Assigned:	04/10/2015	Date of Injury:	06/06/1989
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old male who sustained an industrial injury on 6/6/89 resulting in back pain and subsequent lumbar fusion. He currently complains of back pain with a pain level of 4-6/10. He has decreased range of motion. His activities are limited with increased pain. Medications are hydrocodone/APAP, cyclobenzaprine. Medications afford moderate pain relief. With increased dosage (3/3/15) of hydrocodone/APAP the injured worker has improved functionality and sleep. Diagnoses include back pain, status post lumbar fusion. Diagnostics were not available for review. In the progress note dated 3/12/15, the treating provider's plan of care requests refill on Hydrocodone/APAP. The medication increases functionality and the injured worker has improved sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of hydrocodone nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. It was noted that the injured worker's dosage was reduced to two per day, which led to increased pain. Per progress report dated 3/12/15, it was noted that the injured worker was not able to function as well frequently. Pain level was 7-8 in the AM. The notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. While it is noted that medication benefitted the injured worker to some degree, there was no objective documentation of the level of pain relief obtained or functional improvements realized. Absent such documentation, as well as record of appropriate medication usage, medical necessity cannot be affirmed.