

Case Number:	CM15-0068205		
Date Assigned:	04/15/2015	Date of Injury:	11/05/2000
Decision Date:	05/15/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/10/2015

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(n) 40 year old male, who sustained an industrial injury on 11/5/00. He reported pain in the lower back. The injured worker was diagnosed as having lumbar stenosis, lumbar facet pain and failed back surgery syndrome. Treatment to date has included back surgery and pain medications. As of the PR2 dated 2/18/15, the injured worker reports bilateral low back pain that radiates to the buttocks and bilateral posterior thighs and calves. The treating physician noted restricted lumbar range of motion in all planes. The documentation indicates that the injured worker reports to using marijuana since his visit on 12/3/14. The treating physician requested to continue hydrocodone 10/325mg #120 with 0 refills x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120 with 0 refills, x 2: Overturned

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): 88-89, 76-78.

Decision rationale: The patient presents on 02/18/15 with unrated lower back pain, which radiates into the bilateral buttocks and lower extremities. The patient's date of injury is 11/05/00. Patient is status post L4-L5 fusion at a date unspecified. The request is for HYDROCODONE 10/325MG #120 WITH 0 REFILLS X2. The RFA is dated 03/03/15. Physical examination dated 02/18/15 reveals restricted lumbar range of motion secondary to pain, spasms of the lumbar paraspinal muscles from L5 to L1, and positive lumbar discogenic provocative maneuvers. The patient is currently prescribed Norco, Prilosec, Capsaicin, and Robaxin. Diagnostic imaging was not included. Patient is not currently working. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's chronic pain, the request is appropriate. Progress report date 02/18/15 reports a 50 percent reduction in pain attributed to this medication, and states that this patient's medications improve function by allowing him to dress himself, cook, clean, and perform other self-care activities. The same progress note documents a lack of aberrant behavior and consistent urine drug screens to date, though the toxicology reports were not provided. Given the documentation of pain relief, specific functional improvements, consistent UDS, and a lack of aberrant behaviors or adverse effects as specified by MTUS, continuation of this medication is appropriate. The request IS medically necessary.