

Case Number:	CM15-0068347		
Date Assigned:	04/16/2015	Date of Injury:	11/18/2013
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
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 (IW) is a 56 year old female who sustained an industrial injury on 11/18/2013. She reported pain in the left leg and foot, lumbar spine and pelvis, and left shoulder. The injured worker was diagnosed as having facet osteoarthropathy L2 -S1; cervical myofascial pain; contusion groin area with resultant sexual dysfunction; left foot/ankle numbness/pain; hypertension, rule out industrial causation. Treatment to date has included MRI of the lumbar spine, electromyogram, nerve conduction of the bilateral extremities, physical therapy of the cervical, thoracic, lumbar spine, and recommendations for consultant with appropriate specialties for evaluation and treatment of sexual dysfunction, and for evaluation and treatment of hypertension, and prescription of hydrocodone 5mg two times daily. Currently, the injured worker complains of low back pain with left greater than right lower extremity symptoms, cervical pain with bilateral upper extremity symptoms, requiring medication twice daily or pain. The treatment plan includes use of Hydrocodone 5 mg twice daily for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 88-90, 76-78.

Decision rationale: The patient presents with low back pain radiating to lower extremities and cervical pain rated at 6/10. The request is for Hydrocodone 5MG #60. The request for authorization is not provided. MRI of the lumbar spine, 02/09/15, shows mild degenerative disc disease and facet spondylosis but no significant central or foraminal stenosis. Physical examination of the lumbar spine reveals tenderness. Decreased lumbar range of motion. Positive straight leg raise bilaterally. Examination of the cervical spine reveals decreased range of motion. Upper extremity neurologic evaluation demonstrates diminished sensation right and left C6 and C7 dermatomal distributions. Patient has had 6 sessions of physical therapy. Per progress report dated, 03/16/15, the patient is temporarily totally disabled. 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. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated, 03/16/15, treater's reason for the request is "Medication facilitates diminution in severe pain and breakthrough pain." The patient is prescribed Hydrocodone since at least 01/29/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Hydrocodone significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.