

Case Number:	CM15-0096722		
Date Assigned:	05/27/2015	Date of Injury:	09/08/2011
Decision Date:	07/08/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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:

This 59 year old man sustained an industrial injury on 9/8/2011. The mechanism of injury is not detailed. Diagnoses include chronic pain syndrome, sciatica, lumbosacral neuritis, thoracic or lumbosacral neuritis or radiculitis, and lumbago. Treatment has included oral medications and surgical intervention. Physician notes dated 2/20/2015 show complaints of lumbar spine pain and bilateral lower extremity sciatica rated 9/10. Recommendations include continuing Norco, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 10-325mg #120, day supply 30 (Certification expires 06/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89 76-78.

Decision rationale: This patient presents with chronic low back pain. The current request is for Hydroco/APAP tab 10-325mg #120, day supply 30. The RFA is dated 04/21/15. Treatments to date have included physical therapy, medications and spine fusion in 2011. The patient is not working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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 patient has been prescribed Hydrocodone/APAP since 12/01/14. Progress report 02/20/15 noted that the patient continues to have "severe" pain with overall pain rated as 9/10. On 04/15/15 the patient reported continued "very severe" pain that is a 9/10 and "some days were 10 over 10." There is a signed opiate contract dated 11/03/14 and the patient is administered UDS to monitor for compliance. This patient appears to be in significant pain despite taking this medication. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, there are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. The four A's were not all addressed as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.