

Case Number:	CM14-0144573		
Date Assigned:	09/12/2014	Date of Injury:	01/05/2009
Decision Date:	10/07/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male who fell backwards while at work onto both hands. He subsequently developed back and hip pain. He eventually went on to have both hips replaced. His diagnoses include multilevel degenerative disc disease of the lumbar spine, facet arthropathy, bilateral hip replacements, pars defects lumbar spine, and greater trochanter bursitis. The follow-up notes from his treating physician generally describe constant pain at the 4/10 level with right lower extremity numbness while sitting. The record reflects that he uses Norco occasionally and primarily to do his home exercise program. Apparently he is more functional with the Norco than without it. His physical exam reveals tenderness to palpation over the right greater trochanter, diminished range of motion of the right hip, tenderness to palpation of the lumbar spine with diminished range of motion, a positive straight leg raise test on the right. He has received several rounds of chiropractic care. Non-steroidal anti-inflammatory drugs have been relatively contraindicated because of previous issues with elevated liver enzymes. Those liver enzyme elevations normalized when he reduced his dosage of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Apap 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-127.

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

Decision rationale: Per the above guidelines, the maintenance use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 of 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 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. In this instance, the documentation provided does not adequately describe how the pain medication changes the level of function, improves quality of life, or decreases the pain except in very general terms. The documentation similarly is a bit contradictory such that the injured worker describes continuous pain but that he obtains relief from the pain medication. Likewise, there is no discussion of the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, or how long pain relief lasts. Therefore, based on available documentation, the continuation of Hydrocodone/Apap 7.5/325mg #90 is not medically necessary per the above guidelines.