

Case Number:	CM14-0145396		
Date Assigned:	09/12/2014	Date of Injury:	01/28/1993
Decision Date:	10/06/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 69 year old male vocational nurse with a date of injury of 01/28/1993. He sustained an injury lifting an obese patient from a wheelchair. He had lumbar, cervical and bilateral knee pain. In 1996, he had a L4-L5 and L5-S1 fusion with instrumentation. In 2007 he had perianal debridement. He had left knee surgery, 2008 or 2009. In 07/2009 he had a DVT and pulmonary embolism. He is P&S. On 02/17/2014 the bilateral lower extremity sensory, motor and reflex examination was normal. He had a buttocks cellulitis and there was a request to remove lumbar hardware. However, there was no documentation that the hardware was broken or loose. It was noted that he had chronic pain and opioid dependence. He's had colitis and recurrent perineal infections. An infectious disease consultation was approved. On 03/19/2014 he had ongoing back pain. He had paraspinal muscle tenderness. He ambulated with a cane. Straight leg raising was negative. Lower extremity motor, sensory and reflex examination was negative. He had decreased lumbar range of motion. On 06/11/2014 the infectious disease consultant noted that his recurrent perianal infections were not related to his hardware. Motor and sensory examination was normal. On 06/13/2014, on 07/18/2014 and on 08/08/2014 the lower extremity sensory, motor and reflexes were normal. Again it was noted that he had chronic pain and was opioid dependent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg, #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 9, 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-97.

Decision rationale: The request for 120 tablets was previously denied and 60 tablets for the purposes of opioid weaning were approved. MTUS, Chronic pain, Opioids, On-going Management, page 78 notes that for ongoing treatment with opioids there should be ongoing review and documentation of pain relief, functional status and side effects. Improved quality of life should be assessed. The monitoring of analgesia, functional activities of living, adverse effects and aberrant drug taking behavior must be monitored and documented for continued opioid treatment. This was not documented. It is unclear if this patient has a fistula or if most of his pain is from his back, neck, knees or perianal area. MTUS also states that the lowest possible dose of opioid that improves pain and function should be used. Thus, weaning to a lower dose of opioid is consistent with MTUS. The partial approval of Hydrocodone/Acetaminophen 10/325 for 60 tablets instead of the requested 120 tablets is consistent with MTUS and the continued use of 120 tablets without ongoing documentation of functional status, pain relief, analgesia and side effects is not consistent with MTUS guidelines.