

<b>Case Number:</b>	CM14-0002947		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	02/01/2003
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 underlying date of injury in this case is 2/1/03. The treating diagnoses include status post L5-S1 fusion with residual to sciatica, residual symptoms regarding past nonspecific left knee complaints, past nonspecific gastrointestinal complaints, and hypertension. The primary treating orthopedic surgeon saw the patient for follow-up on 10/1/13. The patient reported that he was afraid to have the hardware removed from his low back. The patient was recently rated as permanent and stationary by an agreed medical examiner except for future treatment of hypertension, gastrointestinal symptoms, and left inguinal symptoms. No specific physical examination findings were noted. The treatment plan included hydrocodone/acetaminophen 15/300mg and Valium 10mg. The plan was also made for the patient to follow up with his internist requiring hypertension, to follow up with another doctor regarding gastrointestinal symptoms, and another doctor regarding his inguinal hernia complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 HYDROCODONE/APAP 15/300MG:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends documentation of the 4 A's of opioid management in order to support an indication in rationale and functional benefit from ongoing opioid use. The records in this case do not provide such details at this time, a concern which had been raised by multiple other prior physician reviews. At this time, it is not clear that this patient has a diagnosis to support an indication for ongoing, long-term opioid use, nor is it apparent that this patient has had clinical benefit from past opioid use. The guidelines have not been met. This request is not medically necessary.

**30 VALIUM 10MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that this class of medications is not recommended for long-term use and that chronic benzodiazepines are the treatment of choice in very few conditions. The medical records gave very limited details to support an indication or rationale for this treatment contrary to the guidelines. This request is not medically necessary.

**AN INTERNAL MEDICINE FOLLOWUP FOR HYPERTENSION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 40.

**Decision rationale:** The ACOEM guidelines state that if the patient is not recovering as expected, then the patient and clinician should seek a reason for the delay and address them appropriately. Implicit in this recommendation is that a physician should follow the effectiveness of treatment and should perform an appropriate history and physical examination before considering a referral to another physician. In this case, the medical records provide very limited information regarding the status of the patient's hypertension. There is no currently documented blood pressure and very limited detail overall regarding the patient's past hypertension treatment. The records and guidelines do not contain sufficient information at this time to support an indication for internal medicine follow-up, particularly since this had been previously been scheduled, and thus it is not clear why approval again is being requested. For these multiple reasons, this request is not medically necessary.