

Case Number:	CM14-0132660		
Date Assigned:	08/22/2014	Date of Injury:	06/02/2008
Decision Date:	10/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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 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 injured worker is a 60 year old female who sustained an injury on 06/02/08 when she tripped and fell. The injured worker has been followed for complaints of low back pain radiating to the lower extremities as well as right knee pain. Prior treatment has included epidural steroid injections. Prior medication use was also noted. As of 07/23/14 the injured worker had ongoing complaints of low back pain that impacted her activities of daily living. Medications included hydrocodone and naproxen. The injured worker's pain scores were 7/10 on the visual analog scale. The physical exam noted tenderness to palpation in the lumbar spine with radiating pain in the lower extremities. There was limited range of motion noted. The requested hydrocodone 5/300mg quantity 30, Neurosurgical consult, and urine drug screen performed on 07/23/14 were all denied by utilization review on 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Criteria for Use Page(s): , 88-89.

Decision rationale: The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Hydrocodone. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Hydrocodone given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, Hydrocodone 5/300mg #30 is not medically necessary and appropriate.

Neurosurgical Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back (updated 07/03/14) Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 32

Decision rationale: The injured worker did not present with any objective findings concerning neurological deficits and no prior imaging was available for review to support that a neurosurgical consult would provide any further information that would help delineate the injured worker's course of treatment. As such, Neurosurgical Consultation is not medically necessary and appropriate.

Urine Drug Screening completed on 07/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Urine Drug Testing

Decision rationale: In regards to the use of urine drug screening on 07/23/14, the report did not provide any rationale for this testing. There was no indication of any concerns regarding aberrant medication use or evidence of substantially increased opioid risk factors. As such, Urine Drug Screening completed on 07/23/14 is not medically necessary and appropriate