

Case Number:	CM15-0003510		
Date Assigned:	01/14/2015	Date of Injury:	11/04/2011
Decision Date:	03/10/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/07/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 female, who sustained an industrial injury on 11/04/2011. She has reported low back pain and bilateral leg pain. The diagnoses have included lumbar disc disorder; lumbar radiculopathy; hip bursitis; and pain in joint lower leg Treatment to date has included medications, lumbar epidural steroid injection, acupuncture sessions, physical therapy, and functional restoration program. Medications have included Ibuprofen and Hydrocodone-Acetaminophen. A progress report from the treating physician, dated 11/10/2014, documents a follow-up visit with the injured worker. The injured worker reported back pain radiating from the low back down both legs and lower backache; pain level has increased since last visit; and pain is decreased from 7/10 to 5/10 on the visual analog scale with the use of medication. Objective findings included tenderness to palpation, hypertonicity, and spasm of the bilateral paravertebral muscles; lumbar facet loading is positive on both sides; positive straight leg raising test on the right side and positive FABER test; tenderness over the left trochanter; antalgic gait; and light touch sensation decreased over lateral foot and calf on the right. The treatment plan includes continue Hydrocodone-Acetaminophen as instructed; and follow-up visit in 4 weeks. On 01/03/2015 Utilization Review modified a prescription for Hydrocodone-Acetaminophen 10/325 mg #90 with 1 refill to Hydrocodone-Acetaminophen 10/325 mg #54 with 0 refills, noting the lack of documentation of valid outcome tool supported improvement with its use, and in accord with weaning purposes. The MTUS, Chronic Pain Medical Treatment Guidelines: Opioids, criteria for use, was cited. On 01/07/2015, the injured worker submitted an application for IMR

for review of Hydrocodone-Acetaminophen 10/325 mg #90 with 1 refill to Hydrocodone-Acetaminophen 10/325 mg #54 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325 mg # 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 2011. The medical course has included numerous treatment modalities and use of several medications including narcotics and NSAIDs. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to hydrocodone - acetaminophen to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of hydrocodone - acetaminophen is not substantiated in the records.