MAXIMUS Federal Services

Case Number:	CM15-0003948		
Date Assigned:	01/14/2015	Date of Injury:	01/26/2005
Decision Date:	03/10/2015	UR Denial Date:	01/05/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 67 year old woman sustained an industrial injury on 1/26/2005. The mechanism of injury is not detailed. Current diagnoses include lumbar disc displacement without myelopathy, and degeneration of lumbar disc. Treatment has included oral medication and lumbar surgery. There is no further detail of past therapies or conservative pain management techniques. Physician notes dated 11/6/2014 show complaints of back pain rated 1-2.10 with medications. There is no physical exam with detailed description of the back pain, range of motion, or ability to complete activites of daily living. Recommendations include refilling medications and maintaining the worker with conservative, non-invasive methods per worker's preference. there is no detil about the duration of treatment with the refilled medications so far, or the duration expected in the future. The worker was determined to be permanent and stationary. On 1/5/2015, Utilization Review evaluated a prescription for hydrocodone/APAP 10/325 mg #90, that was submitted on 1/5/2015. the UR physician noted that the worker is not using the maximum daily dose of teh hydrocodone/APAP, further, there is no evaluation of the low back submitted. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/APAP 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; degenerative disc disease; symptoms back, NEC. Subjectively, the injured worker has complaints of low back pain. The pain is stable with the use of medications. The VAS pain scale is 1-2/10. Skelaxin helps. Objectively, there is normal muscle tone in the bilateral upper and bilateral lower extremities. The documentation indicates hydrocodone/APAP (Norco) 10/325 mg #180 has been used as far back as August 1, 2014. A urine drug screen August 1, 2014 showed inconsistent results. Hydrocodone was not detected. The provider reports in a November 6, 2014 progress note that urine drug screens have not shown any inconsistencies. This is inaccurate. The documentation did not contain evidence of objective functional improvement with ongoing use of Norco. Additionally, there were no detailed pain assessments or risk assessments in the medical record as a result of the prior urine drug screen inconsistency dated August 1, 2014. Consequently, absent clinical documentation with evidence of objective functional improvement to support the ongoing use of Norco associated with an inconsistent urine drug toxicology screen, hydrocodone/APAP (Norco) 10/325 mg #180 is not medically necessary.