

Case Number:	CM15-0134077		
Date Assigned:	07/24/2015	Date of Injury:	05/29/2009
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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

Certification(s)/Specialty: Anesthesiology

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 39 year old female, who sustained an industrial injury on 5/29/09. The injured worker was diagnosed as having protrusion L4-5 and L5-S1 with radiculopathy, facet osteoarthropathy L4-5 and L5-S1, cervical pain, bilateral wrist-hand pain, trigger pints of lumbo-paraspinal musculature and left foot-ankle pain and right shoulder-right torso pain and headache following falls. Treatment to date has included oral medications including Cymbalta, Buspar, alprazolam, Temazepam, Protonix, Norco, Soma and Gabapentin; psychotherapy, physical therapy, lumbar decompression, trigger point injections and NSAIDS (non-steroidal anti-inflammatory drugs), home exercise program and activity restrictions. Currently on 6/26/15, the injured worker complains of low back pain with left greater than right lower extremity symptoms rated 7/10, multiple trigger points and right wrist-hand pain rated 7/10. She is temporarily totally disabled. Physical exam performed on 6/26/15 revealed tenderness of lumbar spine with restricted range of motion and multiple tender trigger points in lumbo-paraspinal musculature; well healed right wrist surgical incision is also noted. The treatment plan included requests for cane with soft grip, physical therapy for right wrist, left knee hinged brace, topical antiepileptic drug, Soma, NSAID, Pantoprazole 20mg and Hydrocodone 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to CA MTUS, Hydrocodone is a short-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. The pain was noted to have increased since 3/27/15, despite use of medications and urine drug screen was inconsistent with medications prescribed. The injured worker is temporarily totally disabled. She has been prescribed Hydrocodone since at least 1/16/15. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The request for retrospective Hydrocodone is not medically necessary.