

Case Number:	CM15-0147384		
Date Assigned:	08/21/2015	Date of Injury:	04/11/2007
Decision Date:	09/23/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 41 year old male, who sustained an industrial injury on April 11, 2007. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar disc disease and postlaminectomy syndrome. Diagnostic studies were not included in the provided medical records. Surgeries to date have included low back surgery in 2008. Treatment to date has included physical therapy, exercising, and medications including anti-epilepsy, opioid analgesic, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. His work status is described as maximum medical improvement (MMI) and return to work (RTW). On July 20, 2015, the injured worker reported 50% more pain without medications. He reported tingling in the legs if he exercises too much to keep his back in shape, left leg tingling after sitting for 20 minutes, and his left heel falls asleep. The L5-S1 (lumbar 5-sacral 1) exam revealed decreased numbness of the left leg, minimal lumbar spasms and tightness with right straight leg raise at 80 degrees, decreased Achilles reflexes as compared to the patella tendon reflex, and decreased flexion at the waist. The treatment plan includes continuing the Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5 mg/325 mg tablets, #168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use Page(s): 76-80.

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

Decision rationale: The long term usage of opioid therapy is discouraged by the California Medical Treatment Utilization Schedule (CMTUS) guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the current pain, least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There is unclear documentation of tapering of the Hydrocodone. There was a lack of documentation the opioid compliance guidelines which include risk assessment profile, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant. There was lack of documentation of a recent urine drug screen to support compliance of treatment with Hydrocodone, which would be necessary for continued usage. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The previous UR modified the request to allow for wean which is appropriate. Therefore, the request for Hydrocodone is not medically necessary.