

Case Number:	CM15-0149827		
Date Assigned:	08/13/2015	Date of Injury:	08/10/1980
Decision Date:	09/25/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/03/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on August 10, 1980. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having osteoarthritis of the lumbar spine, sciatica, chronic low back pain. Diagnostic studies were not included in the provided medical records. Surgeries to date have included implantation of a neurostimulator unit. Treatment to date has included acupuncture, a neurostimulator unit, and medications including opioid analgesic, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. Other dates of injury include August 10, 1980 to February 2, 2012. Comorbid diagnoses included history of hypertension and status post thyroidectomy for cancer. Work status: He is retired. On June 15, 2015, the injured worker reported chronic low back pain radiating down both legs into the feet with numbness of the left lateral thigh, which is unchanged from the prior visit. He reported 1-2 sec episodes of feeling like the left leg might give out of less than once a day. The physical exam revealed an antalgic gait, normal motor strength in the bilateral lower extremities, and decreased sensation of the left lateral thigh. The treatment plan includes Hydrocodone/APAP and follow-up every 3 months.

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 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.