

Case Number:	CM15-0160677		
Date Assigned:	08/28/2015	Date of Injury:	11/14/2007
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old, female who sustained a work related injury on 11-14-07. The diagnoses have included lumbar postlaminectomy syndrome and sacroiliitis. Treatments have included oral medications and decreased activities. In the PR-2 dated 7-17-15, the injured worker reports low back and bilateral foot pain. She states she has low back pain radiating to the right leg. She describes the pain as pins and needles, numb, aching and shooting. She states that increasing activities of daily living make pain worse and decreasing in activities of daily living improve the pain. She states the foot is often swollen. When she stands, she must put weight on the right heel or the low back pins gets worse. She states her insurance did not authorize hydrocodone-acetaminophen and she has had to pay for it twice. She had a triple-bypass cardiac surgery on 4-20-15. She believes that she has loosened hardware in back from lumbar surgery. On physical exam, she has tenderness and hypertonicity noted in the lumbar paravertebral muscles. She has tenderness at the right sacroiliac joint. Range of motion in lumbosacral spine is flexion at 35 degrees and rest of directional movements are noted at 0 degrees. Performing the maneuvers causes her back pain. She has positive Fortin finger, Faber and Gillet tests with right sacroiliac joint pain. Lumbar spine MRI dated 6-16-15 shows "an annular disk bulges at the narrowed L1-2 and L2-3 interspaces with posterior disk protrusions at L3-4 and L4-5." There is no documentation of working status. The treatment plan includes a prescription for hydrocodone-acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP (acetaminophen) 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88.

Decision rationale: This claimant was injured 8 years ago, in 2007, with reported lumbar postlaminectomy syndrome and sacroilitis. Treatments have included long term oral medications and decreased activities. She had a triple-bypass cardiac surgery on 4-20-15. As of July, there is still low back and bilateral foot pain. The June MRI showed degenerative changes and prior surgery. There is no documentation of working status or functional, objective improvement out of the narcotic regimen. This medicine is a combination of an opiate, and acetaminophen. The opiate component is the agent of primary review interest. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.