

Case Number:	CM15-0167979		
Date Assigned:	09/08/2015	Date of Injury:	03/03/2014
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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

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:

This 52-year-old man sustained an industrial injury to the neck and back on 3-3-14. Magnetic resonance imaging cervical spine (undated) showed multilevel disc spur complexes with spinal canal stenosis and foraminal narrowing. Previous treatment included physical therapy (12 sessions), chiropractic therapy, epidural steroid injection and medications. In a visit note dated 7-28-15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities. The injured worker rated his pain 10 out of 10 on the visual analog scale without medications and 5 out of 10 with medications. The injured worker reported getting no pain relief from lumbar epidural steroid injection on 6-15-15. The injured worker wanted to focus on rehabilitating his back and neck. The physician noted that the injured worker had 12 sessions of physical therapy for the lumbar spine when he was first injured. The physician noted that objective findings included normal muscle tone to all extremities, skin without rashes or lesions. The injured worker walked with an antalgic gait. The injured worker was near ideal body weight and well groomed. Physical findings did not include an assessment of the cervical spine or lumbar spine. Current diagnoses included lumbar disc displacement without myelopathy, neck sprain, strain, shoulder sprain, strain, and cervical spine stenosis. The treatment plan consisted of continuing medications (Cialis, Flexeril, Gabapentin, Nap Cymbalta and Norco) and physical therapy for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen 10/325mg quantity 60: Upheld

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

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

Decision rationale: MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Hydrocodone-Acetaminophen 10/325mg quantity 60 is not medically necessary and appropriate.