

Case Number:	CM15-0182248		
Date Assigned:	10/09/2015	Date of Injury:	06/13/2003
Decision Date:	11/19/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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 56 year old female who sustained an industrial injury on 06-13-2003. According to a progress report dated 08-04-2015, the injured worker presented with chronic low back and bilateral lower extremity pain. Back pain was persistent and had been gradually worsening and radiating down the bilateral lower extremities. She reported that there were changes to her condition. Walking for too long, driving for long periods or going up and down stairs had become much more difficult. Examination of the lumbar spine revealed tenderness to palpation at the right sided lumbosacral region. Range of motion was decreased by 60% with flexion and extension and was decreased by 70% with rotation bilaterally. Sensation was decreased to light touch along the right lower extremity. Deep tendon reflexes were 1 plus and equal at the patella and Achilles. Motor strength was decreased at 4 out of 5 with right lower extremity compared to the left lower extremity. Clonus was negative bilaterally. The right calf was without erythema, swelling or warmth. She did have tenderness to palpation along the medial calf. Current medications included Cyclobenzaprine, Hydrocodone, Gabapentin, Amlodipine and Hydrochlorothiazide. Diagnoses included lumbar disc displacement without myelopathy, lumbar disc displacement without myelopathy, stenosis spinal lumbar and sciatica. Prescriptions were written for Gabapentin, Cyclobenzaprine and Hydrocodone. The provider noted that the latest confirmatory urine screen report was positive for Hydrocodone and negative for all other entities. The treatment plan included medication refills and aquatic therapy. She was to follow up in 4 weeks. Urine drug screen reports dated 12-08-2014 and 08-04-2015 was submitted for review. Documentation shows long-term use of Norco dating back to 2012. On 08-20-2015, Utilization Review modified the request for Hydrocodone-APAP 10-325 mg #120 and conditionally non-certified the request for six aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been taking this medication for an extended time period without continued documentation of objective functional benefit. Additionally, the injured workers pain is documented to have gotten worse in the recent past. Furthermore, this medication has been recommended for weaning purposes only in several past reviews. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone/APAP 10/325mg #120 is not medically necessary.