

Case Number:	CM15-0194255		
Date Assigned:	10/08/2015	Date of Injury:	07/10/2013
Decision Date:	11/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/02/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old female, who sustained an industrial injury on July 10, 2013. The injured worker was diagnosed as having lumbosacral spine strain and contusion, lumbar disc space collapse and early instability at lumbar five to sacral one with associated severe stenosis, and left hip strain, and status post left hip arthroscopy for reported labral tear. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left hip, magnetic resonance imaging of the lumbar spine, physical therapy, status post epidural injections, status post lumbar laminectomy, and medication regimen. In an orthopaedic spinal consultation dated September 08, 2015 the treating physician reports complaints of pain to the low back, bilateral buttocks, and the left leg with numbness and weakness. Examination performed on September 08, 2015 was revealing for left antalgic gait, weakness to the left ankle dorsiflexion, positive bilateral straight leg raises, diminished sensation to the dorsum of the left foot, decreased bilateral reflexes to the quadriceps and the Achilles regions, and groin pain with hip range of motion. The injured worker's medication regimen on September 08, 2015 included Lisinopril, Hydrochlorothiazide, and Hydrocodone, but the medical records provided did not indicate the prior start date; however, the progress note from February 20, 2015 noted prescriptions for Norco and Naprosyn. The consultation report from September 08, 2015 did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. On September 20, 2015, the treating physician requested the medication of Hydrocodone (Vicoprofen) 200-7.5mg with quantity of 60. On September 28, 2015, the Utilization Review determined the request for Ibuprofen-Hydrocodone 200-7.5 mg with quantity of 60 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen/Hydrocodone 200/7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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; 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. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/18/15. Therefore, the request is not medically necessary and the determination is for non-certification.