

Case Number:	CM15-0200546		
Date Assigned:	10/15/2015	Date of Injury:	03/23/2013
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This is a 27 year old female who sustained an industrial injury on 3-23-2013. A review of the medical records indicates that the injured worker is undergoing treatment for sub-acute unimproved lumbosacral sprain-strain and sub-acute unimproved lumbar spine degenerative disc disease. According to the submitted progress report (9-10-2015), the injured worker complained of lumbar spine pain rated 4 out of 10 without medications and 2 out of 10 with medications. On 8-14-2015, the injured worker complained of back and shoulder pain rated 2 out of 10 with medications. On 7-22-2015, the injured worker reported that pain had gotten worse and radiated from the back down to the legs; pain was rated 2 out of 10 with medications. Per the treating physician (8-14-2015), the injured worker was temporarily totally disabled. Objective findings (9-10-2015) revealed moderate muscle spasms in the lumbar area, left and right sacroiliac, left and right posterior pelvis and hip, left and right buttock, left posterior thigh area and left posterior knee. Treatment has included injections, exercise, massage and medications. Current medications (9-10-2015) included Norco (since at least 11-2014) and Omeprazole. The original Utilization Review (UR) (9-22-2015) denied a request for Hydrocodone-Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone- Acetaminophen 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This claimant was injured in 2013 with a back sprain and degenerative disease. Treatment has included injections, exercise, massage and medications. Current medications as of 9-10-2015 were Norco (since at least 11-2014) and Omeprazole. The objective functional benefit out of the regimen is not noted. 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.