

Case Number:	CM15-0204409		
Date Assigned:	10/21/2015	Date of Injury:	02/07/2014
Decision Date:	12/02/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 was a 45 year old female, who sustained an industrial injury, February 7, 2014. The injured worker was undergoing treatment for thoracic spine sprain and or strain, lumbar region sprain and or strain, pain in the joint of the lower leg, neck strain and or sprain and pain psychogenic. According to progress note of February 13, 2015, the injured worker had multiple complaints, lower back and knee pain. The injured worker had an ACL sprain and contusion of the right knee. The injured worker was complaining of dizziness, headaches, neck pain, blurry vision, severe fatigue, anxiety and depression. The physical exam noted normal strength of the upper and lower extremities. There was decreased range of motion of the lumbar spine. The straight leg raises were positive on the right. There were muscle spasms and guarding of the lumbar spine. There was decreased range of motion of the cervical spine with flexion and extension. The injured worker previously received the following treatments Prozac which was helping the injured worker cope with the pain, Naproxen was helpful, but caused some gastrointestinal upset; Norflex was for muscle spasms and Hydrocodone 5 times daily as needed for pain, Gabapentin half tablet at night for sleeplessness and nerve pain, Hydrocodone with Acetaminophen since November 7, 2014, heat and rest. The injured worker had an epidural injection in the past which gave the injured worker no reduction in the pain. The injured worker underwent electrodiagnostic studies of the lower and upper extremities which were normal. The x-rays of the thoracic and cervical spine were normal, MRI of the cervical spine was normal. Physical therapy for the lumbar spine had been tried and failed. The RFA (request for authorization) dated the following treatments were requested prescription for Hydrocodone with

Acetaminophen 10-325mg #150 date of service February 13, 2015. The UR (utilization review board) denied certification on October 16, 2015 for the prescription for Hydrocodone with Acetaminophen 10-325mg #150 date of service February 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone Acetaminophen 10/325mg quantity 150 DOS 2-13-15: Upheld

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

MAXIMUS 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) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective hydrocodone/APAP 10/325 mg #150 date of service February 13, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are sprain strain thoracic; sprain strain of lumbar; pain in joint lower leg right knee contusion; sprain strain neck; and psychogenic pain NEC. Date of injury is February 7, 2014. Request for authorization is September 23, 2015 referencing a February 13, 2015 progress note. The earliest progress note containing a hydrocodone/APAP is dated November 7, 2014. The utilization review indicates the earliest date hydrocodone/APAP 10/325 mg was prescribed is March 27, 2014. According to the February 13, 2015 progress note, current medications include hydrocodone/APAP, naproxen, pantoprazole, Orphenadrine, Prozac and gabapentin. There is no documentation in the medical record of hydromorphone or codeine. Subjectively, the injured worker complains of low back pain and knee pain. Objectively, there is spasm and guarding at the lumbar spine with positive straight leg raising. Instructions for hydrocodone are five tablets per day. There is no documentation demonstrating objective functional improvement to support ongoing hydrocodone/APAP 10/325 mg. As noted above, there is no documentation in the medical record of hydromorphone or codeine. There is no documentation demonstrating objective functional improvement with hydrocodone/APAP and, as a result, there is no clinical rationale for adding additional opiates to the current drug regimen. There are no detailed pain assessments or risk assessments. There is a CURES report in the medical record. The CURES indicates hydrocodone/APAP was prescribed by multiple providers during the course of treatment dating back to November 2014 through February 2015. There is no documentation on the CURES report of hydromorphone or codeine. It is unclear whether the prescribing provider

was aware of additional sources of opiates to the injured worker. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation on the CURES report regarding multiple providers prescribing hydrocodone/APAP, no documentation demonstrating objective functional improvement and no detailed pain assessments or risk assessments, retrospective hydrocodone/APAP 10/325 mg #150 date of service February 13, 2015 is not medically necessary.

Retrospective Hydromorphone DOS 2-13-15: Upheld

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

MAXIMUS 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) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective hydromorphone date of service February 13, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are sprain strain thoracic; sprain strain of lumbar; pain in joint lower leg right knee contusion; sprain strain neck; and psychogenic pain NEC. Date of injury is February 7, 2014. Request for authorization is September 23, 2015 referencing a February 13, 2015 progress note. The earliest progress note containing a hydrocodone/APAP is dated November 7, 2014. The utilization review indicates the earliest date hydrocodone/APAP 10/325 mg was prescribed is March 27, 2014. According to the February 13, 2015 progress note, current medications include hydrocodone/APAP, naproxen, pantoprazole, Orphenadrine, Prozac and gabapentin. There is no documentation in the medical record of hydromorphone or codeine. Subjectively, the injured worker complains of low back pain and knee pain. Objectively, there is spasm and guarding at the lumbar spine with positive straight leg raising. Instructions for hydrocodone are five tablets per day. There is no documentation demonstrating objective functional improvement to support ongoing hydrocodone/APAP 10/325 mg. As noted above, there is no documentation in the medical record of hydromorphone or codeine. There is no documentation demonstrating objective functional improvement with hydrocodone/APAP and, as a result, there is no clinical rationale for adding additional opiates to the current drug regimen. There are no detailed pain assessments or risk assessments. There is a CURES report in the medical record. The CURES indicates hydrocodone/APAP was prescribed by multiple providers during the course of treatment dating back to November 2014 through February 2015. There is no documentation on the CURES report of hydromorphone or codeine. There is no clinical indication or rationale for

hydromorphone in the medical record. There is no documentation of the dosing, frequency or quantity reportedly dispensed to the injured worker. Based on the critical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of hydromorphone in the list of current medications or treatment plan and no documentation in the CURES report of hydromorphone during that time period, retrospective hydromorphone date of service February 13, 2015 is not medically necessary.

Retrospective Codeine DOS 2-13-15: Upheld

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

MAXIMUS 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) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective codeine date of service February 13, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are sprain strain thoracic; sprain strain of lumbar; pain in joint lower leg right knee contusion; sprain strain neck; and psychogenic pain NEC. Date of injury is February 7, 2014. Request for authorization is September 23, 2015 referencing a February 13, 2015 progress note. The earliest progress note containing a hydrocodone/APAP is dated November 7, 2014. The utilization review indicates the earliest date hydrocodone/APAP 10/325 mg was prescribed is March 27, 2014. According to the February 13, 2015 progress note, current medications include hydrocodone/APAP, naproxen, pantoprazole, Orphenadrine, Prozac and gabapentin. There is no documentation in the medical record of hydromorphone or codeine. Subjectively, the injured worker complains of low back pain and knee pain. Objectively, there is spasm and guarding at the lumbar spine with positive straight leg raising. Instructions for hydrocodone are five tablets per day. There is no documentation demonstrating objective functional improvement to support ongoing hydrocodone/APAP 10/325 mg. As noted above, there is no documentation in the medical record of hydromorphone or codeine. There is no documentation demonstrating objective functional improvement with hydrocodone/APAP and, as a result, there is no clinical rationale for adding additional opiates to the current drug regimen. There are no detailed pain assessments or risk assessments. There is a CURES report in the medical record. The CURES indicates hydrocodone/APAP was prescribed by multiple providers during the course of treatment dating back to November 2014 through February 2015. There is no documentation on the CURES report of hydromorphone or codeine. There is no clinical indication or rationale for codeine in the medical record. There is no

documentation of the dosing, frequency or quantity reportedly dispensed to the injured worker. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of codeine in the medical record or CURES report and no clinical indication or rationale for adding an additional opiate in the absence of objective functional improvement from the hydrocodone/APAP (first opiate), retrospective codeine date of service February 13, 2015 is not medically necessary.