

Case Number:	CM15-0210275		
Date Assigned:	10/29/2015	Date of Injury:	01/10/2003
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 45 year old female who sustained an industrial injury on 1-10-03. The medical records indicate that he injured worker has been treated for chronic low back pain with moderate L4-5 right foraminal stenosis; multilevel degenerative disc disease. She currently (8-27-15) complains of right sided low back pain with muscle spasms with a pain level of 2 out of 10 with medication and 9 out of 10 without medication. Medications help with her pain by 80% and normalize her function. She has dry mouth with tramadol per documentation and had night sweats, which have resolved. The physical exam revealed difficulty when rising from a seated position; there was diffuse tenderness to palpation of the lumbar spine with spasms noted greater on the right. The pain levels from 3-19-15 through 8-27-15 were consistent. The physical exams from 1-22-15 through 8-27-15 were unchanged. Treatments to date include heating pad with benefit; medication: Norco (since at least 1-22-15), Flexeril, tramadol; acupuncture (1 session); chiropractic therapy (3 sessions); home exercise program. The effect of acupuncture and chiropractic sessions was not present. The request for authorization dated 7-9-15 was for Norco 10-325mg #90. On 10-2-15 Utilization Review non-certified the request for hydrocodone-APAP 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP Tab 10/325mg Day Supply: 90, QTY: 90: 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 rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 10/10 to a 2/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.