

Case Number:	CM15-0031196		
Date Assigned:	02/24/2015	Date of Injury:	02/25/1998
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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 is a 53 year old female, who sustained an industrial injury on 2/25/1998. She reports cumulative trauma to the cervical and lumbar spine. Diagnoses include cervicalgia, lumbago, sacral disorder, joint pain and sciatica. Treatments to date include chiropractic care, physical therapy and medication management. A progress note from the treating provider dated 1/24/2015 indicates the injured worker reported neck and low back pain. On 2/11/2015, Utilization Review non-certified the request for Hydrocodone/Acetaminophen 10/325 mg #180, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/acetaminophen 10/325 mg #180 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 by the 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. In this case, the injured worker's working diagnosis is lumbar disc disease. The injured worker's medications include Klonopin, Norco, Benicar, Abilify, methadone, Lasix, Lantus insulin, and Soma. The medical record contains 35 pages. There are two progress notes in the medical record one dated December 30, 2014 and the second dated February 5, 2015. On December 30, 2014 three prescriptions were written on one prescription sheet. The injured worker demanded "the yellow Norco." The pharmacy did not have yellow Norco. The treating provider rewrote the Norco prescription (#180) 5 days later. The injured worker filled the Norco prescription. Norco was refilled on February 5, 2015. The date of injury is February 25, 1998. The documentation does not contain evidence of objective functional improvement. There are no pain assessments in the medical record. There are no risk assessments in the medical record. There is no prior documentation before December 30, 2014. Additionally, the injured worker is using methadone in conjunction with Norco. There is no clinical rationale and the medical record for the dual use of Norco in conjunction with methadone. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of hydrocodone/acetaminophen (Norco) 10/325 mg, hydrocodone/acetaminophen 10/325 mg #180 is not medically necessary.