

Case Number:	CM15-0036883		
Date Assigned:	03/05/2015	Date of Injury:	07/24/2013
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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: 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 29-year-old male patient, who sustained an industrial injury on 07/24/2013. A progress report dated 01/15/2015, reported the patient states he has experienced significant benefit with the bilateral L4 and L5 transforaminal epidural steroid injection administered on 12/17/2014. He notes the pain is decreased by more than 70 % and his activity is increased significantly. Objective findings showed his gait antalgic, lumbar range of motion mildly limited to extension, with mild low back pain. Mildly tender to pressure bilaterally paraspinally at L3-4, L4-5 and L5-S1; left greater than right. The sitting leg raise test is found positive bilaterally and his sensation is found decreased over the bilateral L5 dermatomes. The assessment noted low back pain with lumbar radiculopathy and myofascial pain. A request was made for medication Hydrocodone /APAP 10/325MG, # 54, for weaning purposes, 10 % weekly. On, 02/06/2015, Utilization Review, non-certified the request, noting the CAMTUS, Chronic Pain, Page 80, opioids; criteria for use was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/apap tablet 10-325mg days: 30 quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Copyright 1996-2013 opioids: Guidelines and Weaning.

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/Apap 10/325mg #60 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 diagnoses are low back pain with lumbar radiculopathy; and myofascial pain. The medical record contains 9 pages with two progress notes. The progress note dated November 13, 2014 shows Norco was prescribed at that time. The most recent progress note medical record is dated January 15, 2015. There is no documentation with objective functional improvement. There are no risk assessments in the medical record. There are no detailed pain assessments medical record. Consequently, absent compelling clinical documentation with objective functional improvement with Norco to date to gauge efficacy, hydrocodone/APAP 10/325 mg #60 is not medically necessary.