

Case Number:	CM15-0057738		
Date Assigned:	04/02/2015	Date of Injury:	08/01/2012
Decision Date:	05/08/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female patient who sustained an industrial injury on 08/01/2012. A primary treating office visit dated 01/27/2015 reported subjective complaint of continued with back pain. She reports her symptoms as significant and that the use of Norco is helpful. The impression noted left-sided foraminal and far lateral recess disc protrusion causing compression along the L4 nerve root. Clinically, she appears to have left L4 radiculitis. She has already undergone a nerve conduction study. The plan of care involved continue with Norco; no prescriptions given. She is to return for follow up in about 7 weeks. Prior treatment to include acupuncture therapy, bone imaging, magnetic resonance imaging, and radiography study. The initial physicians occupational injury report dated 11/27/2012 reported subjective complaints of low back pain persistent for the past 6 months. She states her pain is located at the lower back, left buttock, left lateral hip and left lower extremities. She is diagnosed with trochanteric bursitis, primary lumbar radiculopathy, degeneration of lumbar or lumbosacral intervertebral disc, and arthropathy of lumbar facet. Treatment rendered noted a left greater trochanteric bursa injection recommendation, pending. She is to return to modified work duty on 11/27/2012.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with complaints of continued back pain. She was diagnosed with trochanteric bursitis, primary lumbar radiculopathy, degeneration of lumbar or lumbosacral intervertebral disc, and arthropathy of lumbar facets. The current request is for Hydrocodone / Acetaminophen 10/325 mg. The treating physician states on 1/27/15 (23B), the use of Norco is helpful. The physician goes on in her Plan section to state, Norco 10/325 mg 1 p.o. q.8-12 h. p.r.n. #90 with no refills is written. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient has been off work since at least 8/1/14. There is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS Guidelines. Recommendation is for denial.