

Case Number:	CM15-0060955		
Date Assigned:	04/07/2015	Date of Injury:	08/15/2001
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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 52 year old male who sustained an industrial injury on 8/15/01. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having myofascial pain, lumbar disc disease and grade 1 anterolisthesis of L5 on S1. Treatments to date have included oral pain medication, physical therapy, and home exercise program. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP Tab 7.5-325 #60: Upheld

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

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 7.5/325 mg #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. 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 chronic back pain; grade 1 anterolisthesis of L5 on S1; lumbar disc disease; myofascial pain; and chronic opiate therapy with dependence. The date of injury is August 15, 2001. The earliest progress note in the medical record is dated August 7, 2014. The injured worker was given OxyContin 10 mg TID and Norco (hydrocodone/APAP 10/325 mg TID. There was no pain scale in the progress note. A progress note dated September 2, 2014 shows the treating physician decreased Norco 7.5/325 mg TID. The VAS pain scale was 8-9/10 without pain medications and 4-5/10 with medication. An additional prescription for OxyContin b.i.d. and Norco 7.5 mg b.i.d. was provided to the injured worker. Subjectively, the injured worker complains of bilateral low back pain. Objectively, there is tenderness palpation of the bilateral lumbar paraspinal muscle groups with negative straight leg raising with a normal gait. There is no detailed pain assessment in the medical record. There is no risk assessment in the medical record. There is no documentation demonstrating objective functional improvement with ongoing narcotic use. Consequently, absent compelling clinical documentation with objective functional improvement referencing ongoing Norco to gauge its efficacy, a diagnosis indicating chronic opiate therapy with dependence, no detailed pain assessments or risk assessments in the medical record, Hydrocodone/APAP 7.5/325 mg #60 is not medically necessary.