

Case Number:	CM14-0160213		
Date Assigned:	10/03/2014	Date of Injury:	06/02/2009
Decision Date:	11/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 59-year-old male who has submitted a claim for left lumbar radiculopathy, right lumbar radiculopathy, and lumbosacral neuritis associated with an industrial injury date of 6/2/2009. Medical records from 2012 to 2014 were reviewed. The patient complained of ongoing neck pain and low back pain radiating to the left lower extremity, associated with pins-and-needles sensation. The patient reported relief with medication use. Pain was rated 6/10 in severity. The patient also complained of abdominal pain secondary to medication use. The physical examination of the lumbar spine noted tenderness and muscle spasm. The patient was able to toe walk and heel walk without difficulty. Sensation was diminished at left L4 to S1 dermatomes. He had absent Achilles reflex on the right. Straight leg raise test on the left was positive. Treatment to date has included physical therapy, chiropractic care, acupuncture, home exercise program, and medications such as Norco (since 2012) and LidoPro cream. Utilization review from 9/9/2014 denied the request for hydrocodone/APAP 5/325 mg, QTY: 90 because of no evidence of overall benefit from chronic use of medication; and denied GP (General Practitioner) consultation regarding abdominal complaints, QTY: 1 because the provider noted that abdominal pain was secondary to chronic medication use and simultaneous request for Norco was already non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since 2012 and reported symptom relief with medication use. However, the medical records do not clearly reflect decreased pain severity, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, this request is not medically necessary.

GP (General Practitioner) consultation regarding abdominal complaints, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Directors Association (AMDA), Gastrointestinal disorders, Columbia (MD): American Medical Directors Association (AMDA); 2006, 28p. (24 references)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of abdominal pain secondary to medication use. The patient's orthopedic surgeon requested for a referral to general practitioner because treatment for abdominal pain was outside of his scope of practice. However, there was no discussion concerning how long the patient had been experiencing abdominal pain, as well as its associated symptoms. There was likewise no available abdominal examination for review. Therefore, the request for GP (General Practitioner) consultation regarding abdominal complaints, QTY: 1 was not medically necessary.