

Case Number:	CM15-0111927		
Date Assigned:	06/18/2015	Date of Injury:	10/24/2008
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/10/2015

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
 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 36-year-old male, who sustained an industrial injury on 10/24/08. He has reported initial complaints of low back injury after working in his full duty gear as a deputy sheriff. The diagnoses have included status post lumbar discectomy, bilateral lumbar radiculopathy, lumbar disc bulge with stenosis, and lumbar strain/sprain. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy, epidural steroid injection (ESI), currently, as per the physician progress note dated 3/10/15, the injured worker complains of bilateral low back pain that radiates to the bilateral buttocks and bilateral lower extremities in a radicular pattern, left worse than right. He reports persistent right lower extremity (RLE) numbness and tingling accompanied by pain and weakness. The physical exam of the lumbar spine reveals restricted range of motion with pain, pelvic rock is positive bilaterally, straight leg raise is positive on the left side, and muscle strength is 4+/5. There is right lower extremity (RLE) leg and foot weakness with associated decreased sensation to light touch in the right calf and foot. There is decreased strength in the bilateral hip and bilateral ankles with decreased sensation at the lateral bilateral calves, heels and feet. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Norco, Lorazepam and Ibuprofen. The physician noted that the Hydrocodone medication provided 50 percent decrease in the injured workers pain with 50 percent improvement in activities of daily living (ADL) and it decreases the pain from 8/10 on pain scale to 4/10 on pain scale. The physician documents that the previous urine drug screen was consistent however; there is no hard copy report of a previous urine drug screen noted in the

records. The physician also wrote a medical legal evaluation report dated 5/5/15. The physician requested treatments included Retro Hydrocodone 5/325mg #90 and Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Hydrocodone 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retro Hydrocodone 5/325mg #90 is not medically necessary and appropriate.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute

injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen is not medically necessary and appropriate.