

Case Number:	CM15-0116227		
Date Assigned:	06/24/2015	Date of Injury:	05/28/2002
Decision Date:	07/29/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 53 year old female patient, who sustained an industrial injury on 5/28/2002, while employed as an office manager. The diagnoses includes chronic diffuse pain associated with chronic muscle strains and a somatoform disorder with fibromyalgia, low back surgery with recent flare, gastroesophageal reflux disease/dyspepsia, depression/anxiety, stress induced bruxism with facial pain, sleep disorder, and irritable bowel syndrome. Per the doctor's note dated 5/15/2015, she had complaints of low back pain with radiation to the left buttock, hip and thigh with tingling and numbness, and numbness in bilateral hand. The physical examination revealed spasm and decreased lumbar flexion and extension, decreased sensation over the left lateral thigh and dorsum of the foot. Per the doctor's note dated 5/6/2015, she was almost done with dental work and had undergone upper and lower endoscopy. Her bowel movements were loose and associated with bleeding and cramping. She also reported acid reflux as bad. She was taking medications as directed and water intake was good. She also reported numbness and tingling in her thighs and hands. Her pain was not rated or detailed. The medication list includes Hydrocodone, Meloxicam, Trazodone, Amitriptyline, Seroquel, Gabapentin, Fibereon, and Atorvastatin, Baclofen, Bisacodyl, Levothyroxine, Albuterol, Atenolol, HCTZ, Phentermine, Vitamins, and Pantoprazole. The use of Hydrocodone (unchanged) was noted since at least 12/2014. Treatment to date has included diagnostics, mental health treatment, chiropractic, physical therapy, and medications. She has had urine drug screen on 5/6/15 which was inconsistent for hydrocodone. The treatment plan included continued medications, including Hydrocodone, with do not dispense until dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Prescriptions of Hydrocodone 10/325mg #90 (with fill dates of 5/23/15, 6/23/15, and 7/23/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): s 75-80.

Decision rationale: Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. She has had urine drug screen on 5/6/15 which was inconsistent for Hydrocodone. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 3 Prescriptions of Hydrocodone 10/325mg #90 (with fill dates of 5/23/15, 6/23/15, and 7/23/15) is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.