

Case Number:	CM15-0173587		
Date Assigned:	09/15/2015	Date of Injury:	07/01/2008
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/03/2015

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: Emergency 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 50 year old female, who sustained an industrial injury on July 1, 2008. The injured worker was diagnosed as having lumbar radiculopathy. Medical records (May 4, 2015 to August 3, 2015) indicate ongoing low back pain with restricted range of motion. There is ongoing numbness and tingling in her left lower extremities. Tramadol was ineffective in controlling her pain. The physical exam (May 4, 2015 to August 3, 2015) reveals a well-healed lumbar surgical scar, spasm in the paraspinal muscles, tenderness of the paraspinal muscles, decreased sensation in the left foot, and restricted range of motion. A recent urine drug screen was not included in the provided medical records. Surgeries to date have included a L4-L5 (lumbar 4-lumbar 5) discectomy in 2012. Treatment has included chiropractic therapy, at least 10 sessions of physical therapy, work restrictions, epidural steroid injections with temporary relief, left foot steroid injections, a left hip injection, a back brace, psychotherapy, and medications including pain (Hydrocodone 5/325mg since at least July 2015 and Tramadol), antidepressant, non-steroidal anti-inflammatory, and muscle relaxant. Per the treating physician (July 6, 2015 report), the injured worker's work status is modified duty including avoiding lifting greater than 10 pounds, avoiding heavy pushing and pulling, and avoiding bending and twisting frequently. The injured worker has been placed on temporarily totally disabled for carpal tunnel syndrome. On July 6, 2015, the requested treatments included Hydrocodone 5/325mg. On August 20, 2015, the original utilization review partially approved a request for Hydrocodone 5/325mg #50 (original request for #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Hydrocodone 5/325mg qty: 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing numbness and tingling in her left lower extremities. Tramadol was ineffective in controlling her pain. The physical exam (May 4, 2015 to August 3, 2015) reveals a well-healed lumbar surgical scar, spasm in the paraspinal muscles, tenderness of the paraspinal muscles, decreased sensation in the left foot, and restricted range of motion. A recent urine drug screen was not included in the provided medical records. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone 5/325mg qty: 60 is not medically necessary.