

Case Number:	CM15-0179622		
Date Assigned:	09/22/2015	Date of Injury:	01/08/1987
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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 64 year old male, who sustained an industrial injury on 1-8-87. The injured worker was diagnosed as having lumbago. Treatment to date has included medications. Currently, the PR-2 notes dated 8-4-15 indicated the injured worker was in the office for a follow-up visit. He reports his symptoms related to his injury remain unchanged. The provider notes he was last seen in the office on 7-14-15 and the injured worker failed Neurotin, Lyrica and Cymbalta. The provider lists his current medications as: citalopram, Zolpidem, lactulose, fiber, hydrocodone 10mg-acetaminophen 325mg and alprazolam 0.5mg. The provider notes the physical examination is deferred on this date. He is only there for medications refills and the provider has given a trail for Elavil at bedtime. The PR-2 notes dated 7-14-15 indicate last seen on 6-12-15 and here for medication refills for Norco and Xanax. The injured worker denies and changes in symptoms and reports "he was seen by a neurologist one year prior, no apparent planned follow-up. Subsequently reports he has already seen pain management 3-15 and reports injections are planned". On physical examination, the provider notes "using cane." General exam is noted by the provider as "deferred". A PR-2 note dated 6-12-15 indicates the injured worker complains "Symptoms related to the injury have worsened." He complains of low back pain associated with sciatica. He is a status post four lumbar surgeries; last one was in 1998. He has been evaluated by a neurosurgeon on 4-1-15 and his recommendation was for an evaluation by neurology and subsequent care by pain management. His symptoms are presently stable, with adequate pain control and function. There is no mention of abuse or diversion. The provider does not document a complete physical for the complaints. A Request for Authorization is dated 9-4-

15. A Utilization Review letter is dated 8-24-15 and non-certification was for Hydrocodone-APAP 10-325mg, #180. A request for authorization has been received for Hydrocodone-APAP 10-325mg, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, #180: 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, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP 10/325 mg #180 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 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 diagnosis is lumbago. Date of injury is January 8, 1987 (28 years ago). Request for authorization is August 18, 2015. The medical record contains 53 pages. According to a new patient evaluation dated June 12, 2015, the injured worker had multiple back surgeries stable symptoms. Prior treatment consists of hydrocodone/APAP for an unknown duration. The treating provider does not specify the duration. Objectively, the injured worker ambulates with the cane. There is no lumbosacral physical examination. According to an August 4, 2015 progress note, the injured worker presents for medication refills. There is no physical examination documented in the progress note. There is no documentation demonstrating objective functional improvement. There are no detailed pain assessments or risk assessments. There is no attempt at weaning documented in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, two recent progress notes without any objective clinical findings, no documentation with attempted hydrocodone/ APAP weaning and no documentation demonstrating objective functional improvement, hydrocodone/APAP 10/325 mg #180 is not medically necessary.