MAXIMUS Federal Services

Case Number:	CM15-0099059		
Date Assigned:	06/03/2015	Date of Injury:	01/22/2007
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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 female, who sustained an industrial injury on January 22, 2007. She reported low back pain. The injured worker was diagnosed as having internal displacement of the lumbar discs, intervertebral disc degeneration of the lumbar spine, pelvic and hip pain and myalgia. Treatment to date has included diagnostic studies, radiographic imaging, conservative are, lumbar surgery, hip surgery, medications and work restrictions. Currently, the injured worker complains of low back pain with shooting pain to the tailbone and associated tingling and numbness of the tailbone. She also reported left knee pain worse with walking. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 4, 2014, revealed continued pain as noted. She noted difficulties performing self-care and activities of daily living secondary to pain. She also noted difficulty sleeping. She reported improvement with medications. Electrodiagnostic studies of the lower extremities were suggestive of radiculopathy. Radiographic imaging of the left hip and lumbar spine was recommended. Evaluation on December 18, 2014, revealed continued complaints as noted. Pain medication was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone with Acetaminophen 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone with acetaminophen 5/325 mg #60 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 by the 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 is working diagnoses are displacement intervertebral disc lumbar; degeneration lumbar intervertebral disc; pelvic/hip pain; and myalgia. The date of injury was January 22, 2007. The documentation shows hydrocodone with acetaminophen (varying doses) has been prescribed as far back as 2009. The request for authorization is dated April 15, 2015. According to the medical record, the injured worker presented to the emergency room because of an exacerbation of low back pain and running out of medications. In the emergency department, the injured worker was treated with Valium and Percocet. A prescription of Valium and Norco was dispensed upon discharge from the ED. The most recent progress note is April 13, 2015. Subjectively, the injured worker has chronic low back pain. Objectively, range of motion of the lumbar spine is full with pain on extension. There was tenderness to palpation over the left adductor and left iliopsoas bursa. It was pain with internal and neck still rotation left hip. The documentation did not contain evidence of objective functional improvement with ongoing hydrocodone and acetaminophen. There was no risk assessment in the medical record. There was no detailed pain assessment in the medical record. There was no attempt at weaning hydrocodone in the medical record. Consequently, absent clinical documentation with objective functional improvement to support ongoing hydrocodone with acetaminophen 5/325 mg, risk assessment, detailed pain assessments and attempted weaning, Hydrocodone with acetaminophen 5/325 mg #60 is not medically necessary.