

Case Number:	CM13-0046100		
Date Assigned:	12/27/2013	Date of Injury:	01/22/2007
Decision Date:	04/03/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in Oregon. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old male with a date of injury of 1/22/07. Date of request is 11/4/13. The request under appeal is a prescription for hydrocodone/APAP 10 mg/ 325 mg #60. He takes this for chronic lower back pain and right lumbar radiculopathy. He uses about 60 tablets every 30 days. Objective findings are tenderness and spasm of the lumbar muscles, decreased lumbar range of motion, antalgic gait, weakness with heel and toe walking and decreased sensation in both legs in L5 and S1 dermatome (right > left). The question is if continued use of an opioid (hydrocodone) is warranted and if it meets the guidelines to treat chronic pain. Prescribing physician is [REDACTED], orthopedic surgeon. Diagnosis is lumbar degenerative disc disease and right sciatica. He is s/p lumbar laminectomy, discectomy and lumbar fusion on 9/12/09. He is also s/p lumbar surgery with fusion inspection, hardware removal and grafting of screw holes on 5/4/11. He is judged to be stable with a permanent impairment. He is receiving palliative treatment for chronic back pain. He is also being treated by [REDACTED], a pain specialist. He is also being prescribed Tizanidine for muscles spasm and Butrans patch (transdermal buprenorphine). In October 2013 the Oswestry Disability Index was 50% consistent with severe disability due to chronic pain. On 12/10/13 when he saw [REDACTED] his pain was 7/10 with medication and 9/10 without medication. There are limitations of his ADLs. [REDACTED] stated that use of the medication as needed by the patient to increase/maintain his ADLs and function. There was no evidence to support the opinion of improved function in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue, page 80 Page(s): 80.

Decision rationale: There is documentation in the medical records of decreased chronic pain but not improved function with use of the hydrocodone/APAP 10/325 mg. The guidelines in MTUS require evidence of both a decrease in chronic pain and improved function. Only one of the requirements was met with decreased level of chronic pain. There was no evidence for improved function with use of the opioid medication. Therefore, the request is not medically necessary.