

Case Number:	CM13-0068665		
Date Assigned:	01/03/2014	Date of Injury:	01/30/1996
Decision Date:	05/29/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	12/19/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/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:

The patient was injured on 01/30/1996 sustaining an injury to her low back due to a fall. Prior treatment history documentation was very limited regarding her medications and no toxicology reports were submitted. PR-2 dated 10/17/2013 documented the patient with complaints of ongoing low back symptomatology. Objective findings on exam reveal there is midline lumbar spine tenderness with spasm and tightness in the paralumbar musculature. Range of motion is reduced. There is weakness and pain with heel/toe step. Treatment Plan: Hydrocodone 10-325 mg and Celebrex 200 mg. A review of this patient's chart reveals that she has been using Norco for a prolonged period of time. Having the medication discontinued abruptly can cause lifethreatening withdrawals. Therefore, if the Norco is no longer authorized, I recommend that we can wean the patient from the medication in a safe fashion. Work status: The patient is working.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List, Opioids Page(s): 7496,74-80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records indicated that the patient was working without restriction since 12/21/12, but did not demonstrate significant improvement in function and pain with opioid use. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. The medical necessity of hydrocodone/APAP has not been established. Weaning is advised to avoid withdrawal symptoms.