

Case Number:	CM14-0107828		
Date Assigned:	08/01/2014	Date of Injury:	07/30/2001
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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 and 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 injured worker is a 50-year-old male who reported an injury due to pushing a heavy weight on 07/30/2001. On 12/20/2013, his complaints included lower back pain described as aching, burning, cramping, sharp, shooting, and splitting, which was exacerbated by bending and flexing, physical activity, pulling or pushing, squatting, standing, and walking. Application of cold and his medications alleviated his discomfort. His diagnoses included lumbar facet arthropathy, lumbar discogenic pain, stenosis without neurogenic claudication of the lumbar spine, lumbar degenerative disc disease, and abnormal posture due to mild loss of lumbar lordosis. His medications included cyclobenzaprine 7.5 mg, hydrocodone/APAP 10/325 mg, Relafen 750 mg, zolpidem 10 mg, omeprazole DR 20 mg, gabapentin 300 mg, and nortriptyline 25 mg. The rationale for the requested medication was for strong breakthrough analgesic effects. The injured worker reported significant pain relief with the use of hydrocodone/APAP. A request for authorization dated 12/20/2013 was included in this worker's chart.

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 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-95.

Decision rationale: The request for hydrocodone/APAP 10/325 mg #180 with 4 refills is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. For chronic back pain, opioids appear to be efficacious, but limited for short term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, or non-steroidal anti-inflammatory drugs (NSAIDs). Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs or aspirin, quantified efficacy, drug screens, or collateral contacts. Additionally, there was no frequency of administration specified in the request. Therefore, this request for Hydrocodone/APAP 10/325 mg #180 with 4 refills is not medically necessary.