

Case Number:	CM14-0116176		
Date Assigned:	08/04/2014	Date of Injury:	07/01/2010
Decision Date:	12/16/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational Medicine, and is licensed to practice in Iowa. 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 is a 38 year-old male with a date of injury of 7/1/2010. A review of the medical documentation indicates that the patient is undergoing treatment for low back and bilateral lower extremity pain. Subjective complaints (6/13/2014) include constant sharp low back pain (8/10 severity) radiating to bilateral legs (7/10 intensity). Objective findings (6/13/2014) include tenderness to palpation of paraspinal muscles with spasm, reduced range of motion with pain at end range, decreased bilateral lower extremity strength and numbness/tingling in bilateral lower extremities. Diagnoses include back pain and s/p lumbar fusion. The patient has undergone studies to include EMG (results pending). The patient has previously undergone medication treatment, surgical intervention (twice), and physical therapy. A utilization review dated 7/3/2014 modified the request for Hydrocodone/APAP 10/325 #120 "for the purpose of weaning to discontinue, with a reduction of MED by 10-20% per week over a weaning period of 2-3 months."

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74-96, 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids

Decision rationale: Hydrocodone is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time and that the pain is chronic, exceeding the two-week recommendation for treatment length. The treating physician does state the patient has benefitted from the current medications, but also states they have shown no subjective or objective improvement, nor any functional restoration. The treating physician has not provided rationale for the extended use of this medication. The documentation indicates that the patient continues to have severe pain and decreased functional status with no improvement. Therefore, the request for Hydrocodone 10/325 mg #120 is not medically necessary at this time.