

Case Number:	CM14-0157303		
Date Assigned:	09/30/2014	Date of Injury:	03/29/2005
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Practice 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:

45 yr. old female claimant sustained a work injury on 3/29/05 involving the low back, groin and left hip. She was diagnosed with failed back syndrome, lumbar radiculitis and fibromyalgia. A progress note on 8/19/14 indicated the claimant had continued back pain. Exam findings were notable for trigger points in the cervical and lumbar region. There was palpable pain in the lumbar facet region of L3-S1. The lumbar region had reduced painful range of motion. The treating physician provided hydrocodone 7.5 mg 4 times daily, fentanyl patches and topical Lidocaine for pain. He had been on Hydrocodone for several months with similar exam findings in a progress note on 4/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg #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 Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic

back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for a several months without significant improvement in pain or function. The continued use of Hydrocodone is not medically necessary.