

Case Number:	CM14-0159836		
Date Assigned:	10/03/2014	Date of Injury:	05/01/2008
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain Management and is licensed to practice in New York. 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 64 year old female. She presented with a history of a work related accident that occurred on 5/1/2008. She injured her lower back and developed persistent back pain since that time. She was diagnosed with lumbago. She also had right sacroiliac joint pain noted and was diagnosed with chronic sacroiliitis. She has been using opioid analgesics including hydrocodone/acetaminophen for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

pharmacy purchase: Hydrocodone/APAP tab 5-325mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; When to Discontinue Opioids; When to Continue Opioids .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids for Chronic Pain

Decision rationale: Official Disability Guidelines (ODG) state that opioids such as /Hydrocodone/acetaminophen are not recommended as a first-line treatment for chronic non-malignant pain (which is present in this case). The long-term efficacy of opioids is unclear (>16 weeks) with limited evidence, especially for the use of opioids for chronic low back pain. In

addition, the Medical Treatment Utilization Schedule Guidelines state that in injured workers taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56%. The Medical Treatment Utilization Schedule further states that failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The injured worker in this case has not responded to a time limited course of previous opioids since her accident in 2008. The request for the continued use of Hydrocodone/acetaminophen tabs 5-325mg quantity: 120 would not be considered medically necessary.