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| Case Number: | CM14-0039815 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 08/13/2012 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 03/24/2014 |
| Priority: | Standard | Application Received: | 04/04/2014 |

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier lumbar decompression and laminectomy surgery; a TENS (Transcutaneous Electric Nerve Stimulation) unit, and unspecified amounts of physical therapy. In a Utilization Review Report dated March 24, 2014, the claims administrator partially certified a request for Hydrocodone-Acetaminophen, reportedly for weaning purposes, on the grounds that the applicant had failed to improve with the same. In a May 13, 2014 progress note, the applicant presented with 7/10 low back pain radiating to the left foot. The applicant stated that his activities of daily living, including grocery shopping, bathing, grooming, food preparation, and disposal of trash, had been ameliorated as a result of ongoing medication usage, including ongoing tramadol extended release usage and ongoing Norflex usage. Electrodiagnostic testing, additional physical therapy, lumbar support, TENS unit, and extended release Tramadol were endorsed. The applicant was permanent and stationary. The applicant did not appear to be working with permanent limitations in place. In April 22, 2014, the applicant was again given extended release tramadol for pain relief. The applicant was also described as using Norflex, Hydrocodone, and Protonix. It was stated that the Hydrocodone was reserved for breakthrough pain, if and when the applicant experienced severe complaints of pain. It was suggested that the applicant was using Hydrocodone-Acetaminophen very sparingly in that applicant's consumption of the same was quite minimal following introduction of extended release Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / APAP Sol 7.5-325 #60 (30 Days supply): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, while it does not appear the applicant has returned to work, the treating provider has posited that ongoing usage of opioid therapy with Hydrocodone-Acetaminophen has diminished the applicant's pain complaints and has facilitated the applicant's performance of household chores, grocery shopping, food preparation, bathing, grooming, home exercises, etc. Continuing Hydrocodone-Acetaminophen (Norco), on balance, is therefore indicated. Accordingly, the request for Hydrocodone / APAP Sol 7.5-325 #60 (30 Days supply) is medically necessary and appropriate.