

Case Number:	CM14-0044370		
Date Assigned:	07/23/2014	Date of Injury:	01/09/2002
Decision Date:	08/27/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/19/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 47-year-old male who was injured on 1/9/02. He was treated with oral analgesics (including opioids), physical therapy, Lyrica, and later had surgeries on his lower back (2006 fusion and 2009 removal of hardware). He was later diagnosed with cervical spine sprain/strain, cervical stenosis, status post lumbar fusion and hardware removal, and failed back syndrome. The worker was seen by his orthopedic surgeon on 2/11/14 complaining of his usual chronic pain in his low back, which he rated at 8-10/10 on the pain scale with constant numbness and tingling to his right leg. He also reported having neck and left ankle pain (7/10 pain scale rating). He reported using his back brace and taking medications. No report of any effect of these medications on the worker's pain or function was documented besides reporting that the patient is taking medications and using transdermal creams which he states helps in this visit or previous two visits with this physician. A gym membership was recommended and refills on his medications were completed. In addition, a prescription for Ambien, Tramadol, refill of Norco, and topical analgesics was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, 115, 116, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, it is not completely clear what role the hydrocodone is playing in the workers daily living and pain levels as this was not clearly documented. This review is required in order to justify continuation of any medication, even if they had been using it chronically as effectiveness can decline or not provide significant functional improvements in function and pain-relief. Therefore, without this documented review, the hydrocodone is not medically necessary.