

Case Number:	CM14-0076498		
Date Assigned:	07/18/2014	Date of Injury:	03/21/2003
Decision Date:	09/03/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 injured worker is a 68 year-old male with a date of injury on 03/21/2003. The mechanism of injury is unknown. Per office note dated 07/07/2014, the patient presented with decreased pain in his lumbar spine since last visit and reports 90% benefit from lumbar ESI, which helped tingling and numbness in feet as well. Medications include Norco, Cymbalta, Seroquel and Klonopin. On exam, lumbar range of motion was flexion 60, extension 20, and B/L flexion 25. Gait is noted antalgic. Cervical range of motion was flexion 50, extension 60, B/L lateral flexion 45 and B/L rotation 60 degrees. Strength was 5/5 and the reflexes were symmetrical. He is diagnosed with post-laminectomy syndrome and cervical radiculitis. Plan was to continue current medication and Norco and EMG of B/L UE. Previous request was modified to Norco 10/325mg quantity # 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg quantity #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 91 and 74.

Decision rationale: Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioids, that is often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. These domains have been summarized as the "4 A's, (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, or non-pharmacological treatments like physical therapy as first line therapy. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for hydrocodone has not been established based per guidelines and due to lack of documentation and is considered not medically necessary.