

Case Number:	CM14-0124189		
Date Assigned:	08/08/2014	Date of Injury:	05/09/2003
Decision Date:	07/01/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old male, who sustained an industrial injury on 05/09/2003. He has reported injury to the low back. The diagnoses have included degeneration of lumbar intervertebral disc and chronic pain syndrome. Treatment to date has included medications, diagnostics, injections, physical therapy, and home exercise program. Medications have included Hydrocodone/Acetaminophen, Lyrica, Nabumetone, Lidoderm patch, Gabapentin, and Ambien CR. A progress note from the treating physician, dated 07/16/2014, documented a follow-up visit with the injured worker. The injured worker reported low back pain; pain radiates to the right lower extremity with numbness and tingling; weakness; pain level is rated at 8/10 on the pain scale without medications; pain level is rated 5/10 on the pain scale with medications; depression; sleep disturbances; medications are helping, and activities of daily living are improved with medication. Objective findings included tenderness to palpation of the lumbar paraspinal region at L4 and the iliolumbar region on the left and the right. The treatment plan has included the request for Hydrocodone/Acetaminophen 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 05/09/2003. The medical records provided indicate the diagnosis of lumbar intervertebral disc and chronic pain syndrome. Treatment to date has included medications, diagnostics, injections, physical therapy, and home exercise program. Medications have included Hydrocodone/Acetaminophen, Lyrica, Nabumetone, Lidoderm patch, Gabapentin, and Ambien CR. The medical records provided for review do not indicate a medical necessity for Hydrocodone/APAP 10/325mg #120. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. For long term users of opioids (6-months or more), the MTUS recommends documentation of pain and functional improvement and comparing with to baseline; also, the MTUS recommends that family members and other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The records indicate the injured worker has been on opioids at least since 2012, but the medical records do not indicate the recommended measures for long term users of opioids is in place.