

Case Number:	CM14-0171700		
Date Assigned:	10/23/2014	Date of Injury:	04/23/2003
Decision Date:	03/30/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old woman sustained an industrial injury on 4/23/2003 to her right arm, left elbow, bilateral hands and knees after a slip and fall. Treatment has included oral medications. Physician notes dated 8/14/2014 show widespread pain that is consistent with fibromyalgia. The worker received injection to the bilateral upper trapezius and was instructed on a home stretching program. Recommendations include refilling Lyrica, Topamax, Soma, and Hydrocodone/APAP. On 9/15/2014, Utilization Review evaluated a prescription for Hydrocodone/APAP tablet 7.5/325 mg, 30 day supply #90, that was submitted on 10/8/2014. The UR physician noted there was no documented functional improvement after taking the medication for a longer than recommended time frame. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP TA8 7.5/325 Quantity:120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Hydrocodone/APAP is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone/APAP for several months with persistent 8/10 pain. There was no indication of improvement in pain or function while on the medication. The continued use of Hydrocodone/APAP is not medically necessary.