

Case Number:	CM14-0198647		
Date Assigned:	12/09/2014	Date of Injury:	01/04/1996
Decision Date:	01/30/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/26/2014

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 Practice, 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:

This is a 68-year-old male claimant who sustained a work injury on January 4, 1996 involving the low back. He was diagnosed with lumbar degenerative disc disease. A progress note on November 2014 indicated the claimant had persistent low back pain. He was also recently treated for throat cancer with radiation and chemotherapy. Exam findings were notable for ad decreased range of motion in the lumbar spine and a positive straight leg raise test. Claimant was to continue home exercise and his Hydrocodone for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5mg-325mg #100: Upheld

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

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

Decision rationale: Hydrocodone 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 for an unknown length of time without information regarding response to pain and or physical function. There was no mention of a failure of Tylenol or nonsteroidal medications. The continued use of Hydrocodone as noted above is not medically necessary.