

Case Number:	CM14-0061697		
Date Assigned:	07/11/2014	Date of Injury:	10/14/2005
Decision Date:	03/26/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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: New Jersey

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:

The injured worker is a 47 year old male, who sustained an industrial injury on 10/14/2005. The current diagnoses are lumbar spine pain with right lower extremity radiculopathy and status post lumbar microdiscectomy at L5-S1. Currently, the injured worker complains of low back pain. The pain is rated 7-8/10 on a subjective pain scale. The physical examination of the lumbar spine reveals tenderness along the paraspinal muscles with spasm. Treatment to date has included medications, back brace, physical therapy, and aqua therapy. The treating physician is requesting Hydrocodone/APAP 10/325mg #60, which is now under review. On 4/24/2014, Utilization Review had non-certified a request for Hydrocodone/APAP 10/325mg #60. The Hydrocodone/APAP was modified to #30 for weaning purposes. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP Tab 10/325 MG Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68 and 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued 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, there was insufficient documentation showing that this complete review was completed on a regular basis for the hydrocodone the worker was using chronically. Reports of pain levels with no or minimal change with the use of this medication in addition with NSAIDs found in the progress notes suggests insignificant reduction in pain, and there was limited to no reports of measurable functional gains directly associated with the hydrocodone use, which is required in order to justify continuation of this medication. Therefore, the hydroco/APAP will be considered medically unnecessary. Weaning may be indicated.