

Case Number:	CM15-0005395		
Date Assigned:	02/24/2015	Date of Injury:	04/18/2011
Decision Date:	04/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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 63 year old male, who sustained an industrial injury on 4/18/2011. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment has included the use of TENs unit, Home Exercise program, conservative measures. Currently, the injured worker complains of chronic low back pain. It was noted that he did get analgesia and improvement in function with the use of Norco (using a small amount), and he was exercising at home. Physical exam noted spasm and guarding over the lumbar spine. Magnetic resonance imaging reports were not submitted. On 12/23/2014, Utilization Review non-certified a request for Hydrocodone/APAP 5/325mg #30, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/bit/APAP 5/325mg #30: 1 tab at night as needed for pain Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 4/18/2011. The medical records provided indicate the diagnosis of degeneration of lumbar or lumbosacral intervertebral disc. Treatments have included the use of Norco, muscle relaxants, and protonix. The medical records provided for review does not indicate a medical necessity for Hydrocodone/bit/APAP 5/325mg #30: 1 tab at night as needed for pain Qty: 30. The MTUS does not recommend the use of opioids in the treatment of longer pain for longer than 70 days due to increasing side effects and lack of research supporting more than 70 days treatment. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no overall improvement in function, unless there are extenuating circumstances; continuing pain with the evidence of intolerable adverse effects; decrease in functioning. The records indicate the injured worker has been using this medication for at least six months without documented evidence of overall improvement.