

Case Number:	CM15-0006000		
Date Assigned:	01/20/2015	Date of Injury:	07/18/1996
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
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: 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 71 year old male, who sustained an industrial injury on 07/18/1996. The diagnoses have included L3-4 spondylosis grade II and spinal instability. Treatments to date have included lumbar corset and medications. Diagnostics to date have included lumbar spine MRI dated 12/26/2014 which revealed multilevel spondylosis with L3-L4 anterolisthesis. In a progress note dated 12/08/2014, the injured worker presented with complaints of severe morning pains in his low back but the medications do help for the back pains. The treating physician reported to continue medications which help control his spasms and pains. Utilization Review determination on 12/16/2014 non-certified the request for Hydrocodone/APAP (Acetaminophen) 10/325 q4h (every 4 hours) #180 citing Medical Treatment Utilization Schedule 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/APAP 10/325 #180: Overturned

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): 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 sufficient evidence of functional improvements and pain reduction with the use of hydrocodone. The previous reviewer suggested that without a drug urine screening, there was noncompliance with the guidelines. However, the guidelines do not suggest that drug screening should be done on everybody. It recommends, "use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control." There was no evidence found in the documentation that this person required drug screening (no abnormal behavior, history of abuses with medication, etc.). Therefore, in this case, it is unreasonable to discontinue the hydrocodone, and it will be considered medically necessary, in the opinion of this reviewer.