

Case Number:	CM15-0007699		
Date Assigned:	04/02/2015	Date of Injury:	09/02/2005
Decision Date:	05/01/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male with an industrial injury dated September 2, 2005. The injured worker diagnoses include left lumbar radiculopathy with left lower extremity weakness and decreased sensation of the left lower extremity, disc protrusion at L5-S1, lumbar facet joint arthropathy, lumbar facet joint pain, and lumbar degenerative disc disease. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 11/14/2014, the injured worker reported bilateral low back pain. Physical exam revealed restricted lumbar range of motion with pain in all directions, positive lumbar discogenic proactive maneuvers and decreased sensation in the left S1 dermatome of the left lower extremity. The treating physician prescribed retrospective request for Hydrocodone 10/325mg #30 dispensed on 12/10/14 and a retrospective request for Tramadol 37.5/325mg #120 dispensed on 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hydrocodone 10/325mg #30 dispensed on 12/10/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic bilateral low back pain. He continues to work as a tile setter. Medications are referenced as producing 70% pain relief with improved activities of daily living. The total MED (morphine equivalent dose) is 40 mg per day. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The claimant continues to work. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, continued prescribing was medically necessary.

Retrospective request for Tramadol 37.5/325mg #120 dispensed on 12/10/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic bilateral low back pain. He continues to work as a tile setter. Medications are referenced as producing 70% pain relief with improved activities of daily living. The total MED (morphine equivalent dose) is 40 mg per day. Tramadol/acetaminophen is a combination immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The claimant continues to work. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, continued prescribing was medically necessary.