

Case Number:	CM15-0008315		
Date Assigned:	01/26/2015	Date of Injury:	12/05/2008
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 48 year old male, who sustained an industrial injury on December 5, 2008, falling approximately six feet from a ladder. He has reported pain in the chest, left ribs, and low back. The diagnoses have included lumbar radiculopathy, anxiety disorder, brachial neuritis or radiculitis, and chronic pain syndrome. Treatment to date has included lumbar spine surgery in 2009 and oral and topical medications. Currently, the injured worker complains of lower back pain. The Primary Treating Physician's report dated December 15, 2014, noted the cervical spine with paravertebral muscles tender to palpation, with spasm, and restricted range of motion. The lumbar spine was noted to have the paravertebral muscles tender, with spasm, and restricted range of motion. On December 17, 2014, Utilization Review non-certified Hydrocodone/APAP 10/325mg #120, noting that it was not evident from the available medical records that the continued use of hydrocodone was medically appropriate for the injured worker. The UR Physician noted that despite previous reviews recommendations for weaning and discontinuation, the injured worker continued on opioid medication without changes, and that the request would not be in the injured worker's best interest or medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of Hydrocodone/APAP 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management, Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Hydrocodone/ APAP 10/325mg # 120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.