

Case Number:	CM15-0131158		
Date Assigned:	07/17/2015	Date of Injury:	04/19/2011
Decision Date:	08/14/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

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 51 year old male who sustained an industrial injury on 04/19/2011 as a truck driver. The injured worker was diagnosed with acquired disseminated coccidioidomycosis (Valley Fever) requiring Amphotericin intravenous therapy for one year and remained off work during this time. The injured worker recovered and subsequently developed low back pain from inactivity. The injured worker is currently diagnosed with lumbar stenosis and sciatica. Treatment to date has included diagnostic testing, physical therapy, acupuncture therapy, home exercise program and medications. According to the primary treating physician's progress report on June 12, 2015, the injured worker continues to experience low back pain. Examination revealed normal gait without evidence of lumbar spasm. Deep tendon reflexes and motor strength of the lower extremities were intact with decreased sensation at the left S1 dermatome. Straight leg raise was negative bilaterally. The injured worker has returned to full time work with restrictions. Current medications are listed as Norco, Aspirin, Viagra and Cyclobenzaprine. Treatment plan consists of continuing with conservative treatment, medication regimen, home exercise program and the current request for Hydrocodone/APAP 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone /APAP 10/325mg 1-2 at bedtime (Rx 5/8/15) Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines pain management Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Hydrocodone/Apap for an extended time without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone /APAP 10/325mg 1-2 at bedtime (Rx 5/8/15) Qty 60 is not medically necessary.