

Case Number:	CM15-0144457		
Date Assigned:	08/05/2015	Date of Injury:	08/10/1980
Decision Date:	09/01/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/24/2015

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 claimant is a 57 year old male with a date of injury of August 10, 1980. The injured worker previously received the following treatments Gabapentin, Hydrocodone, Lyrica and Flexeril. The injured worker was diagnosed with osteoarthritis of the lumbar spine, sciatica and chronic pain of the lower back. According to progress note of June 15, 2015, the injured worker's chief complaint was chronic low back pain with radiation of pain down both legs into feet with numbness of the left lateral thigh. The injure worker walked with an antalgic gait. The motor strength to the lower extremities was normal. There was decrease sensation to the outer thigh. The back was non-tender with palpation. The treatment plan included a prescription refill for Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #180 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in 1980 and continues to be treated for radiating low back pain when seen, he had stopped taking ibuprofen as it was not providing pain relief. He was continuing to take Lyrica and hydrocodone. Physical examination findings included an antalgic gait and decreased left thigh sensation. Medications were refilled including hydrocodone/acetaminophen at a total MED (morphine equivalent dose) of 60 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.