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| Case Number: | CM15-0147685 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 04/21/2008 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 07/24/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on 04-21-2008. On provider visit dated 07-16-2015 the injured worker has reported chronic low back pain that radiate into his left lower extremity. On examination of the lumbar spine was noted as spasm and guarding. The diagnoses have included lumbar disc displacement without myelopathy, sprain-strain lumbar region, left hip strain, hip flexor strain, left-greater trochanteric bursitis and headache. Treatment to date has included medication: hydrocodone-APAP, Capsaicin Cream, Ketamine Cream, Gabapentin tablets and Orphenadrine-Norflex ER. No evidence of functional improvement or pain level improvement with current medication regimen was noted. The provider requested 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 SIG take 1 every 6 hrs #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2008 injury without acute flare, new injury, or progressive deterioration. The Hydrocodone -APAP 10/325mg SIG take 1 every 6 hrs #120 is not medically necessary and appropriate.