

Case Number:	CM15-0147806		
Date Assigned:	08/10/2015	Date of Injury:	07/27/1994
Decision Date:	09/08/2015	UR Denial Date:	07/16/2015
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: 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 68 year old female with an industrial injury documented 07-27-1994. His diagnoses included shoulder arthritis, shoulder adhesive capsulitis and lumbar degenerative disc disease. Prior treatment included diagnostics and medications. She presents on 07-09-2015 with complaints of low back pain radiating down right leg. Straight leg raising was positive on the right. Treatment plan included medication and urine drug screen. The treatment request is for Hydrocodone 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: The claimant has a remote history of a work-related injury in July 1994 and is being treated for radiating low back pain. Medications and aquatic therapy are both referenced as improving daily function. Aquatic therapy results in decreased pain. When seen, there was decreased right shoulder range of motion. Right straight leg raising was positive.

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, causing an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.