

Case Number:	CM15-0164530		
Date Assigned:	09/01/2015	Date of Injury:	07/29/2005
Decision Date:	10/05/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 73-year-old female who sustained an industrial injury on July 29, 2005 resulting in low back pain. Diagnosis is degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral radiculitis, mononeuritis of lower limb, myalgia and myositis, and post lumbar laminectomy syndrome. Documented treatment includes lumbar laminectomy, medication, and use of a cane. The injured worker continues to present with lower left extremity pain, weakness, numbness and tingling; and, low back pain aggravated by activity. The treating physician's plan of care includes Hydrocodone-Acetaminophen 5-325 mg. Current work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year along with prior use of Tramadol and Celebrex. Recent notes indicate Hydrocodone only provides 20% relief. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.

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