

Case Number:	CM15-0166274		
Date Assigned:	09/03/2015	Date of Injury:	11/24/2003
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/24/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 75-year-old male sustained an industrial injury to the back on 11-24-03. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 2-5-15, the injured worker complained of ongoing pain in the low back, neck and right shoulder. The injured worker had been using Norco for pain control and Neurontin for neuropathic pain. The physician recommended cutting down on Norco usage and using Mobic for pain control and inflammation. In a request for authorization dated 7-16-15, the injured worker still had a lot of pain and discomfort in the neck and right shoulder. Physical exam was remarkable for normal gait, lumbar spine with tenderness to palpation with painful range of motion, myofascial tightness, positive right straight leg raise and decreased sensation and motor strength to the right lower extremity. Current diagnoses included severe flare-up of low back pain, lumbosacral disc injury, right L5-S1 radiculopathy and myofascial pain syndrome. The physician noted that in the past, the injured worker had gastrointestinal sensitivity, so Celebrex was prescribed instead of Motrin or Naproxen Sodium. The treatment plan included continuing Norco, Celebrex, and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Page(s): 78-82.

Decision rationale: The requested Hydrocodone 7.5/325mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing pain in the low back, neck and right shoulder. The injured worker had been using Norco for pain control and Neurontin for neuropathic pain. The physician recommended cutting down on Norco usage and using Mobic for pain control and inflammation. In a request for authorization dated 7-16-15, the injured worker still had a lot of pain and discomfort in the neck and right shoulder. Physical exam was remarkable for normal gait, lumbar spine with tenderness to palpation with painful range of motion, myofascial tightness, positive right straight leg raise and decreased sensation and motor strength to the right lower extremity. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone 7.5/325mg #30 is not medically necessary.