

Case Number:	CM15-0168277		
Date Assigned:	09/09/2015	Date of Injury:	09/17/1993
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 67 year old male, who sustained an industrial injury on September 17, 1993. The mechanism of injury was not provided in the medical records. The diagnoses have included low back pain, lumbar spine degenerative disc disease and mood disorder. Work status was noted to be permanent and stationary. The injured worker was not working. Most current documentation dated May 28, 2015 notes that the injured worker reported low back pain rated a 7 out of 10 on the visual analogue scale with medications. Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles on both sides and a restricted range of motion. A straight leg raise test was positive on the right. Sensation was decreased to light- touch over the left lateral and medial foot and lateral calf on the left side. The injured workers pain levels were noted to be a 6-7 out of 10 on 3-5-2015, 4-2-2015 and 4-30-2015. Documented treatment and evaluation to date has included medications, urine drug screen (4-2-2015), MRI of the lumbar spine (9-5-2012) and X-ray of the orbits (9-4-2012). Current medications include Valium, Ambien, Duragesic Patch, Lexapro, Percocet (since at least February of 2015), Oxycodone and Losartan hydrochlorothiazide. The treating physician's request for authorization dated July 29, 2015 included a request for Hydrocodone-Acetaminophen 10-325 mg #180. The original utilization review dated August 10, 2015 modified the request to Hydrocodone- Acetaminophen 10-325 mg #150 (original request for # 180) due to lack of documentation of objective quantitative outcomes in improvement in pain and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. The submitted documentation indicates that the "4 A's" are met by a medication regimen including Duragesic patches and Percocet. No rationale is documented which would support addition of hydrocodone to the current medication regimen.