

Case Number:	CM15-0180952		
Date Assigned:	09/22/2015	Date of Injury:	12/28/1992
Decision Date:	10/26/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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(n) 56 year old male, who sustained an industrial injury on 12-28-92. The injured worker was diagnosed as having left low back pain, with sciatica presence unspecified. The physical exam (5-20-15 through 7-15-15) revealed 3-8 out of 10 pain in his lower back, able to work 16 hours a week and tenderness in the left lower sacroiliac area. Treatment to date has included Gabapentin, Flexeril and Norco (since at least 4-15-15). As of the PR2 dated 8-19-15, the injured worker reports pain in his back. He has agreed to decrease Norco to 80 a month based on current usage. The treating physician noted no edema or tenderness in the musculoskeletal exam. The treating physician requested Hydrocodone-APAP 5-325mg #80. The Utilization Review dated 9-8-15, modified the request for Hydrocodone-APAP 5-325mg #80 to Hydrocodone-APAP 5-325mg #73 and certified the request for Gabapentin 80mg #90 x 2 refills and Cyclobenzaprine 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #80: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hydrocodone 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 Hydrocodone for several months. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Hydrocodone is not medically necessary.