

Case Number:	CM15-0186578		
Date Assigned:	09/28/2015	Date of Injury:	06/04/2012
Decision Date:	11/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/22/2015

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: New Jersey

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 61 year old male, who sustained an industrial injury on 06-04-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for depression, arthritis, headaches, hypertension, neck pain, low back pain, coccygodynia, cervical radiculitis, lumbar radiculitis, and myofascial pain. Medical records (04-19-2015 to) indicate ongoing low back pain with radiating pain into the left lower extremity with numbness and tingling, and neck pain with radiating pain into the left upper extremity with weakness, numbness and tingling. Pain levels were 9 out of 10 on a visual analog scale (VAS) and described as burning, shooting, sharp, tingling, stabbing, numbness and tightness. The reports state that the IW impairs his ability to perform household chores, drive, walk, run, play sports, and has a negative impact on him emotionally causing depression, problems with concentration, anxiety, mood, appetite, sleep and relationships. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-07-2015, states that the IW cannot stand for more than 2-3 minutes and requires support and stability by holding on to the exam table or chair, cannot sit, demonstrates major postural abnormalities, guarding of the lumbar spine, and tenderness along the cervical and lumbar paraspinal musculature. Relevant treatments have included physical therapy (PT), acupuncture, psychological treatments, work restrictions, and pain medications (hydrocodone-acetaminophen since at least 03-2015). Medications were reported to dull and eliminate the pain; however, there was no indication of average pain, pain levels after taking medications, how long it takes for medication to relieve pain, and how long pain relief last. The request for authorization (07-09-2015 and an appeal dated 08-05-2015)

shows that the following medication was requested: hydrocodone-acetaminophen 10-325mg #120. The original utilization review (08-11-2015) non-certified the request for hydrocodone-acetaminophen 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP: 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, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although the provider's report of the worker suggesting his medications, including Norco, "provide benefit and pain relief," a subjective report of pain at 9/10 on the pain scale with use of medications suggests minimal benefit at best, suggesting the Norco is not providing sufficient benefit to justify its ongoing use. Regardless, the request did not include the number of pills and strength, which is required before consideration can be made for approval. Therefore, the request for hydrocodone/APAP is not medically necessary at this time. Weaning may be indicated.