

Case Number:	CM15-0186721		
Date Assigned:	09/28/2015	Date of Injury:	05/26/2006
Decision Date:	11/03/2015	UR Denial Date:	09/16/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62-year-old male, who sustained an industrial injury on 5-26-2006. The injured worker is undergoing treatment for lumbar strain and sprain, lumbago, chronic pain syndrome, facet syndrome. On 8-26-15, he reported low back pain. Objective findings revealed a restricted lumbar range of motion, and tenderness noted to the low back. He is noted to be utilizing a cane for ambulation. A back brace is reported as giving "some relief and medications helping". A spinal cord stimulator trial is requested. There is no discussion of pain level, or the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no discussion regarding adverse side effects or aberrant behaviors. The treatment and diagnostic testing to date has included: right knee surgery x 2, left forearm surgery x 2, lumbar fusion. Medications have included: docusate sodium, Flexeril, Topamax, Diclofenac, Tramadol HCL ER, Acetadryl, Ibuprofen, Effexor, Omeprazole, Norco, Lidocaine 5 percent ointment, Atenolol, Hydralazine, Hydrochlorothiazide, Lisinopril, and Voltaren 0.1 percent eye drops. The records indicate he has been utilizing Norco 10-325mg since at least March 2015, possibly longer. Current work status: permanent and stationary. The request for authorization is for Hydrocodone-Acetaminophen 10-325mg quantity 90. The UR dated 9-16-2015: non-certified the request for Hydrocodone-Acetaminophen 10-325mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Hydrocodone/Acetaminophen 10/325 mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for continued Hydrocodone/Acetaminophen is not medically necessary.