

Case Number:	CM15-0191562		
Date Assigned:	10/05/2015	Date of Injury:	05/17/2004
Decision Date:	11/10/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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 50-year-old female, who sustained an industrial injury on 05-17-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for asthma, advanced spinal stenosis with a grade I to II unstable spondylolisthesis at L4-5, chronic left-sided sciatica, post-traumatic stress disorder, narcotic dependence, and depression. Medical records (03-30-2015) indicate ongoing radiating low back pain despite a recent fusion surgery. Pain levels were reported as severe at times and rated 7-8 out of 10 with medications and 10 Out of 10 without medications, and described as sharp and radiating into the left leg. Records also state that activities and level of functioning are reduced without medications. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-14-2015, revealed unchanged from previous exam, which reported "chronic distress". Relevant treatments have included: lumbar fusion surgery (03-2015), work restrictions, and pain medications (Norco). The request for authorization (09-16-2015) shows that the following medication was requested: compounded hydrocodone, silica gel, inositol, naloxone & lactose #60 (prescribed date 09-16-2015). The original utilization review (09-18-2015) non-certified the request for compounded hydrocodone, silica gel, inositol, naloxone & lactose #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound-Hydrocodone/Silica Gel/Inositol/Naloxone/Lactose #60 (Rx date 9/16/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compound drugs.

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

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. Long-term use is not indicated. The use of Naloxone is for reversing the effects of opioids. There is no mention of failure of NSAIDS or Tricyclics. The use of Hydrocodone/Naloxone compound is not medically necessary.