

Case Number:	CM15-0191595		
Date Assigned:	10/05/2015	Date of Injury:	01/18/2007
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
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 60-year-old female, who sustained an industrial injury on 1-18-07. The documentation on 8-26-15 noted that the injured worker has complaints of back pain and left pain. The injured workers pain is 4 out of 10. There is decreased extension limited by discomfort. Tenderness to palpation midline and paraspinal lumbar spine junction. There is decreased sensation dorsolateral foot and decreased left knee and ankle jerk. Straight leg raise is negative. The diagnoses have included lumbosacral spondylosis without myelopathy and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included norco; baclofen for spasm; soma; gabapentin; lexapro and wellbutrin. The original utilization review (9-4-15) partially approved a request for hydrocodone-acetaminophen 325-5mg, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 325-5mg, #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 for chronic pain, Opioids for neuropathic pain, Weaning of Medications.

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 over 6 months. The medications were tapered since March 2015. There was no formal weaning protocol in place and the length of time greater than 6 months is excessive for weaning opioids. Failure of NSAIDS or Tylenol intervention sooner was not noted. Continued use of Hydrocodone is not medically necessary.