

Case Number:	CM15-0200427		
Date Assigned:	10/15/2015	Date of Injury:	03/18/2004
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: North Carolina, Georgia
 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 51 year old male who sustained an industrial injury on 3-18-04. The injured worker reported pain in the back. A review of the medical records indicates that the injured worker is undergoing treatments for chronic degenerative disc disease lumbar, post laminectomy syndrome, low back pain and thoracic or lumbosacral radiculopathy. Medical records dated 9-18-15 indicate "moderate-severe" back pain rated at 8 out of 10. Provider documentation dated 9-18-15 noted the work status as permanent and stationary. Treatment has included Hydrocodone since at least January of 2015, Butrans transdermal patch since at least January of 2015, Cymbalta since at least January of 2015, Trazodone since at least March of 2015, status post back surgery, aqua therapy, and exercise. Physical examination dated 9-18-15 was notable for unstable antalgic gait, pain with range of motion to lumbar and thoracic spine as well as right foot-ankle. The original utilization review (9-30-15) partially approved a request for Hydrocodone-Acetaminophen 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #180: Upheld

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

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

Decision rationale: CA MTUS allows for the use of opioid medication, such as hydrocodone-acetaminophen, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with hydrocodone-acetaminophen.