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| Case Number: | CM15-0201267 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 10/29/2009 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/23/2015 |
| 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 43-year-old male with an industrial injury date of 10-29-2009. Medical record review indicates he is being treated for spinal stenosis-cervical. Subjective complaints (08- 26-2015) included chronic pain about his neck and low back. Work status (08-26-2015) is documented as temporarily very disabled. The most recent note listing medications is dated 05-29-2015 and lists Norco (since at least 04-22-2015) and Omeprazole as medications. Prior treatments include trigger point injections and medications. Physical exam (08-26-2015) revealed tenderness to palpation about the base of the cervical spine. Active voluntary range of motion of the cervical spine "disclosed the patient was very guarded" in neck motion. Motor examination "was felt" to be normal in all major muscle groups of the upper extremities. On 09-23-2015 the request for: Retro - hydrocodone 10-325 mg # 120 date of service 08-26-2015 was modified by utilization review for "this one refill" of Hydrocodone-APAP 10-325 mg # 120 for purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone 10/325mg, #120 DOS: 8/26/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic); Low Back - Lumbar & Thoracic (Acute & Chronic).

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage (using since at least May 2015). MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The treating physician does not detail sufficient information to substantiate the need for long-term opioid medication. The prior utilization review notes the need for weaning, which is appropriate. As such, the question for Hydrocodone 10/325mg, #120 is deemed not medically necessary.