

Case Number:	CM15-0208919		
Date Assigned:	10/27/2015	Date of Injury:	06/16/2003
Decision Date:	12/10/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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 33 year old male, who sustained an industrial injury on 06-16-2003. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar degenerative disc disease, lumbar post-laminectomy syndrome, chronic low back pain and depression. Medical records (05-05-2015 to 09-21-2015) indicate ongoing low back pain. Pain levels were rated 5-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-21-2015, revealed a slow antalgic gait with use of a cane, forward flexed posture, guarded movements. Relevant treatments have included: lumbar laminectomy (2009) physical therapy (PT), aquatic therapy, electrical stimulation, epidural steroid injections, work restrictions, and pain medications. The PR dated 09-21-2015 states that the IW reports poor pain management with hydrocodone which was discontinued and replaced with a prescription for Nucynta. The request for authorization (date illegible) shows that the following medication was requested: hydrocodone-acetaminophen 10-325mg #104. The original utilization review (10-15-2015) partially approved the request for hydrocodone-acetaminophen 10-325mg #104 which was modified to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg 1 tab Q3H prn #104: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 the request for ongoing opioid therapy with hydrocodone-acetaminophen and the request is not medically necessary.