

Case Number:	CM15-0209922		
Date Assigned:	10/29/2015	Date of Injury:	10/20/2000
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 75 year old male who sustained an industrial injury on 10-20-00. The medical records indicate that the injured worker has been treated for low back injury; occipital blindness since childhood. He currently (9-16-15) is requesting a long handled grabber, urinary diapers. He has low back pain requiring Oxycodone. Pain levels were not enumerated. Current activities of daily living were not present. The progress note indicates that "it is only going to get worse from here on in in terms of his ability to be independent. The grabber is the beginning to the long road towards dependency on other assistive devices". Treatments to date included lumbar epidural steroid injections without benefit; status post decompression of L2 through L5 and S1 nerve root levels by an anterior lumbar complete discectomy (2-26-02); back brace; medications: Oxycodone, hydrocodone (started 9-16-15). In the 9-16-15 progress note the treating provider will replace the Oxycodone with hydrocodone 10-325mg. The request for authorization was not present. On 10-5-15 Utilization Review non-certified the request for hydrocodone 10-325mg #60, modified to #48.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

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

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

Decision rationale: This patient receives treatment for chronic pain syndrome that relates back to an industrial injury dated 10/20/2000. The patient had decompression lumbar spine surgery L2-L5 and D1 on 02/26/2002. The patient received epidural steroid injections in the lumbar spine, used a back brace, and tried a number of medications. He now has opioid dependence and failed back syndrome. This review addresses a request for Norco "hydrocodone" 10/325 mg #60. The patient used to take Oxycodone, which is not covered. The documentation does not describe any quantitative assessment of his relief from pain with either opioid or any functional benefit achieved with either opioid. The treatment guidelines state that opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. Based on the documentation, "Hydrocodone" is not medically indicated or necessary.