

Case Number:	CM15-0209949		
Date Assigned:	10/28/2015	Date of Injury:	04/10/2003
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
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: 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 68 year old male injured worker suffered an industrial injury on 4-10-2003. The diagnoses included anterior posterior lumbar fusion 12-2-2014. On 7-22-2015 the injured worker reported the pain was definitely a lot better than prior to surgery. He was now not using the walker and using the cane for mobility. On 9-9-2015 the provider reported the injured worker was finally doing somewhat better and able to pursue a home exercise program. He was still walking with a cane. The provider noted he had a terrible anatomical situation with L2-3 problems with degenerative disc disease and some spinal cord compression with L3-4 being similar. The provider noted the injured worker was "not crazy about taking pain medication" and was not at risk for abusing the pain medication and had a pain contract on file. On exam the lumbar flexion was limited. The lateral rotations were full but stiff and painful. The provider recommended 3 further months of Hydrocodone-Acetaminophen 10-325mg 4 x daily and then start weaning from that point with having him off medication within the next 6 months. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, very limited evidence of functional improvement with treatment and no aberrant risk assessment. Request for Authorization date was 9-15-2015. Utilization Review on 9-23-2015 determined modification for Hydrocodone-Acetaminophen 10-325mg #120 with 2 refills to #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #120 with 2 refills: Upheld

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

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

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 and other short-acting opioids (Oxycodone) for over a year without consistent documentation of pain scores. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Hydrocodone is not medically necessary.