

Case Number:	CM15-0218157		
Date Assigned:	11/10/2015	Date of Injury:	12/17/1998
Decision Date:	12/29/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 58 year old male, who sustained an industrial injury on 12-17-1998. The injured worker was diagnosed as having lumbar discitis, gastroesophageal reflux disease, hypertension, hypogonadism, lumbar radiculopathy, secondary polycythemia, tenosynovitis De Quervain's, and wrist and hand sprain-strain. Treatment to date has included diagnostics, multiple orthopedic surgeries, and medications. On 8-27-2015, the injured worker complains of sleep issues with some pain relation. Pain was not rated. Function with activities of daily living was not described. Medication use included Cyclobenzaprine, Depo-Testosterone, Hydrocodone-Acetaminophen 10-325mg (2 tabs four times daily), Lidoderm patch, Lovastatin, Omeprazole, Oxycontin 40mg (2 tabs four times daily), Ranitidine, Terazosin, Tizanidine, and Verapamil ER. Musculoskeletal exam noted limited lumbar range of motion in all planes and radicular signs with straight leg raise, heel, toe, and inability to squat. The use of Hydrocodone 10-325mg (2 tabs four times daily) was noted on the progress report dated 6-06-2012. Urine toxicology (positive opiates-morphine, oxycodone-TCA's, negative otherwise) was documented in the progress report dated 7-28-2015. Work status was not specified. On 10-15-2015, the injured worker reported low back pain, rated 7 out of 10 (unchanged from 9-28-2015). He reported having a hard time getting pain medication refilled so he came in early in case there were issues with refills. He reported being on the same medication regimen for years. Musculoskeletal exam of the lumbar spine and extremities noted full but painful range of motion. On 10-15-2015, Utilization Review modified a request for Hydrocodone 10-325mg #240 to Hydrocodone 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg, two by mouth four times a day quantity 240: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Hydrocodone 10/325mg, two by mouth four times a day quantity 240, California Pain Medical Treatment Guidelines state that Hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Hydrocodone 10/325mg, two by mouth four times a day quantity 240 is not medically necessary.