

Case Number:	CM15-0219114		
Date Assigned:	11/12/2015	Date of Injury:	02/21/2013
Decision Date:	12/28/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/06/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 36 year old male, who sustained an industrial injury on 2-21-13. The injured worker was diagnosed as having chronic low back injury with radiculopathy of the left lower extremity and associated herniated disc at L4-5 and S1, unstable spondylolisthesis at L2 and L3, and multilevel spinal fusion with scoliosis. Treatment to date has included T11-S1 fusion, a Toradol injection, and medication including Hydrocodone. Physical exam findings on 9-21-15 included a positive straight leg raise test on the left. Limited flexion and extension of the lumbar spine was noted. The injured worker had been taking Hydrocodone 10-325mg since at least December 2014. On 7-10-15 pain was rated as 6 of 10. On 9-21-15, the injured worker complained of low back pain with numbness and tingling to the lower extremities rated as 9 of 10. On 9-21-15 the treating physician requested authorization for Hydrocodone 10-325mg #100. On 10-5-15 the request was modified to certify a quantity of 56.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioid hyperalgesia, Weaning of Medications.

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

Decision rationale: Hydrocodone 10/325 is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving Hydrocodone since at least December 2014 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request should not be medically necessary.