

Case Number:	CM15-0032206		
Date Assigned:	02/25/2015	Date of Injury:	09/07/2004
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/20/2015

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: Internal 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 60 year old female, who sustained an industrial injury on 09/07/2004. She has reported pain in the lower back, neck, and right shoulder. The diagnoses have included sacroiliitis; lumbar radiculopathy; lumbar degenerative disc disease; and lumbar spondylosis. Treatment to date has included medications, TENS (transcutaneous electrical nerve stimulation), epidural steroid injections, acupuncture, chiropractic sessions, physical therapy, and surgical intervention. Medications have included Norco and Duexis. A progress note from the treating physician, dated 11/10/2014, documented a follow-up visit with the injured worker. The injured worker reported low back pain and neck pain; and numbness and tingling in the buttocks and down both legs to the feet. Objective findings included pain, tenderness in the upper and lower back, bilateral upper and bilateral lower extremities; spasm in the back, upper back; and swelling in both feet, left greater than right. Request is being made for Hydrocodone APAP 10/325 tablet # 240. On 02/12/2015 Utilization Review modified a prescription for Hydrocodone APAP 10/325 tablet # 240, to Hydrocodone APAP 10/325 tablet # 180. The CA MTUS, ACOEM and the ODG were cited. On 02/20/2015, the injured worker submitted an application for IMR for review of a prescription for Hydrocodone APAP 10/325 tablet # 240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/325 tablet # 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Hydrocodone has a recommended maximum dose of 60 mg / 24 hours. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. Medical records document chronic neck and back conditions. Per MTUS, Hydrocodone has a recommended maximum dose of 60 mg/24 hours. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and back conditions. The request for Norco 10/325 mg is not supported by MTUS guidelines. Therefore, the request for Norco 10/325 mg #240 is not medically necessary.