

Case Number:	CM15-0043597		
Date Assigned:	03/13/2015	Date of Injury:	03/09/2014
Decision Date:	04/24/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/09/2015

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 59 year old male, who sustained an industrial injury on March 9, 2014. He has reported lower back pain. Diagnoses have included lumbar spine sprain with degenerative disc disease and lumbar spine degenerative joint disease with stenosis and radiculopathy. Treatment to date has included medications, physical therapy, home exercise, transcutaneous electrical nerve stimulation, acupuncture and imaging studies. A progress note dated January 22, 2015 indicates a chief complaint of continued lower back symptoms. The treating physician documented a plan of care that included medications, follow up in six weeks, and awaiting pain management and rating of Qualified Medical Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / acetaminophen tab 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

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. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). 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 back conditions. The primary treating physician's progress report dated 1/22/15 did not address analgesia, activities of daily living, adverse side effects, or aberrant drug-taking behaviors. The 1/22/15 physical examination did not demonstrate tenderness. Lumbar spine flexion was 80 degrees. Extension was 10 degrees. Motor strength was 5/5. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. The request for Hydrocodone/APAP 10/325 mg is not supported by MTUS & ACOEM guidelines. Therefore, the request for Hydrocodone/APAP 10/325 mg is not medically necessary.