

Case Number:	CM15-0049680		
Date Assigned:	03/23/2015	Date of Injury:	05/15/2009
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, 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:

This is a 57 year old male patient who sustained an industrial injury on 5/15/09. He/She sustained the injury due to fell from 3rd-4th step while carrying groceries. The diagnoses include low back pain with right L5 and S1 radiculopathy, status post anterior fusion on 2/28/12 and neck pain status post fusion of C5-6. Per the doctor's note dated 3/4/2015, he had neck pain with radiation to the shoulders and upper back. He had pain at 10/10 without medications and 7/10 with medications. The physical examination revealed slight decreased range of motion of the cervical spine, tightness and spasm over the trapezius and parascapular area. The current medications list includes norco, dilaudid, halcion and soma. He has undergone lumbar fusion surgery on 2/28/2012 and cervical fusion at C5-6. Treatments to date have included oral pain medication, muscle relaxant, analgesia, and nonsteroidal anti-inflammatory drugs. He has had urine drug screen on 10/8/2014 which was positive for opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, Hydrocodone is an opioid analgesic.

Decision rationale: Request: Hydrocodone/APAP 10/325mg #180. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioids like tramadol is not specified in the records provided. Response to anticonvulsants like gabapentin or lyrica and antidepressants like amitriptyline for this pain is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Hydrocodone/APAP 10/325mg #180 is not established for this patient at this time.