

Case Number:	CM15-0055756		
Date Assigned:	04/01/2015	Date of Injury:	01/20/2014
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/24/2015

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: 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 61 year old male, who sustained an industrial injury on 1/20/14. The injured worker has complaints of pain in left thigh. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included Magnetic Resonance Imaging (MRI) of the left hip; Magnetic Resonance Imaging (MRI) of the left knee; physical therapy and medications that include flector patches, tramadol, gabapentin, senokot, terocin patches, glipizide and metformin. The documentation noted that gabapentin and tramadol cause severe stomach pain and constipation but does reduce pain. The request was for Hydrocodone-Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5-325mg take one tablet by mouth every 12 hours as needed #60 refills 1 prescribed 03/02/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: The request is for hydrocodone-acetaminophen 5-325mg, which is a compound formulation including an opioid meant to treat moderate to severe pain. For treatment of chronic back pain, opioids appear to be efficacious but should be limited to short-term pain use. Long-term efficacy is unclear, but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. Opioids are not recommended for first-line treatment for osteoarthritis, but only on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. While the treating physician notes that gabapentin and tramadol have led to adverse effects of stomach pain and constipation, it is unclear if the request is clearly beneficial. A common side-effect to hydrocodone-acetaminophen use is constipation as well. Tramadol is a synthetic opioid, and there is no clear research documenting one advantage of one opioid over another. Furthermore, the request as written includes 1 refill. The MTUS guidelines suggest a time-limited trial period followed by clearly documented reassessment of pain management and functional capacity. Also, hydrocodone-acetaminophen is a Schedule II drug which cannot be issued by refill, and must always be filled by separate prescription. The request as written does not conform with the MTUS guidelines and is therefore not medically necessary.