MAXIMUS Federal Services

Case Number:	CM15-0055787		
Date Assigned:	04/01/2015	Date of Injury:	04/12/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
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: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on 04/12/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post right lumbar five and sacral one decompression, severe disc narrowing at lumbar five to sacral one, facet osteoarthropathy to the lower lumbar spine, bilateral neural encroachment at lumbar five to sacral one, and protrusion at lumbar four to five with right foraminal stenosis. Treatment to date has included laboratory studies, medication regimen, physical therapy, use of transcutaneous electrical nerve stimulation unit, use of cold, use of heat, home exercise program, and above listed procedure. In a progress note dated 02/02/2015 the treating physician reports complaints of low back pain with the right greater than the left lower extremity and rates the pain a six out of ten. The treating physician also notes tenderness to the lumbar spine with a positive straight leg raise in the bilateral extremities along with an antalgic gait. The treating physician requested continuation of Hydrocodone 10/325mg with a quantity of 60 one by mouth twice a day to three times a day noting that this medication has worked adequately to treat severe breakthrough pain. The treating physician also notes that the injured worker's medication regimen assists in improvement of tolerance to exercise program, improvement in range of motion, and improvement in activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg 60 tabs: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 79, 80.

Decision rationale: MTUS Guidelines supports the judicious use of opioid medications when they result in meaningful pain relief, functional support and the lack of medication related aberrant behaviors. These conditions are met with this individual. Use is limited and stable resulting in meaningful pain relief, function is supported and there is no problematic drug related behaviors. Under these circumstances, the Hydrocodone 10/325mg. #60 tabs is supported by Guidelines and is medically necessary.