

Case Number:	CM15-0081244		
Date Assigned:	05/22/2015	Date of Injury:	02/04/2009
Decision Date:	06/18/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, 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:

The injured worker is a 65 year old female who sustained an industrial injury on February 4, 2009. Previous treatment includes lumbar laminectomy, physical therapy, and lumbar epidural steroid injection. An evaluation on November 18, 2014 revealed the injured worker continued to have pain of the low back and right lower extremity. She reported burning pain affecting the right foot with numbness and tingling. She reported discomfort over the abdominal incision. She reports that a lumbar epidural steroid injection provided significant improvement in pain of radicular symptoms and she had relief from baseline pain with the use of a Fentanyl patch. She used hydrocodone for breakthrough pain and gabapentin for neuropathic pain. At that time she rated her pain a 6 on a 10-point scale with the use of medications and a 9 on a 10-point scale without medications. She reported that she had decreased pain levels and improved function with the use of her medications. She was able to participate in physical therapy, perform self-care needs and walk/stand for longer periods of time. Diagnoses associated with the evaluation included low back pain and right lower extremity radicular pain, status post lumbar decompressive surgery and bilateral foraminal stenosis. The treatment plan included Fentanyl, hydrocodone, Gabapentin, Omeprazole, physical therapy, and Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325/ 15 ml #900 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone and Fentanyl for several months and still required epidural injections for pain control. There was no mention of Tylenol or Tricyclic for breakthrough pain or a lower dose tolerance. Continued and chronic use of Hydrocodone is not medically necessary.