

Case Number:	CM15-0082540		
Date Assigned:	05/05/2015	Date of Injury:	07/23/2012
Decision Date:	06/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/29/2015

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 41 year old male who sustained an industrial injury on 7/23/012. The injured worker was diagnosed as having post laminectomy syndrome lumbar, lumbar spondylosis without myelopathy, low back pain syndrome, lumbar/thoracic radiculopathy and lumbar disc degeneration. Currently, the injured worker was with complaints of lower back discomfort. Previous treatments included nonsteroidal anti-inflammatory drugs, topical patches, nonsteroidal anti-inflammatory drugs, activity modification. Previous diagnostic studies included myelogram. Physical examination was notable for restricted lumbar spine range of motion limited by pain, spinous process tenderness noted on L4 and L5. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/ APAP tab 10-325 mg days 30 qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In September 2014, a utilization review modified a request for hydrocodone to allow for weaning or alternative treatment replacing opioids. There is no documented evidence of a trial of non-opioid drugs for pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydroco/ APAP tab 10-325 mg days 30 qty 60 is not medically necessary.