MAXIMUS Federal Services

Case Number:	CM15-0089225		
Date Assigned:	05/14/2015	Date of Injury:	07/20/2000
Decision Date:	06/22/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/08/2015

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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 60 year old female who sustained an industrial injury on 07/20/2000. The injured worker was diagnosed with spinal stenosis and degenerative disc disease of the thoracic and lumbar spine. Treatment to date has included diagnostic testing, physical therapy, local steroid injections and medications. According to the primary treating physician's progress report on March 16, 2015, the injured worker continues to experience lower back with radiation to the legs. The injured worker reports she can walk only 20 feet before stopping. The injured worker rates her pain level at 9/10. Examination of the lumbar spine demonstrated limited range of motion with decreased reflexes. Current medications are listed as OxyContin 20mg controlled release tablets. Treatment plan consists of lumbar spine magnetic resonance imaging (MRI) and the current request for Hydrocodone/Apap tab 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Apap tab 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Vicodin Page(s): 74-94.

Decision rationale: This patient has documented evidence of chronic pain which includes low back pain. Hydrocodone/APAP is also known as Vicodin. Vicodin is a short-acting opioid. MTUS Guideline recommendations for opioids for chronic back pain state "Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (> 16 weeks), 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." In addition, on-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." And consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. Therefore, the above listed issue is considered NOT medically necessary.