

Case Number:	CM15-0230908		
Date Assigned:	12/07/2015	Date of Injury:	12/26/2005
Decision Date:	01/11/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/24/2015

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 33 year old male injured worker suffered an industrial injury on 12-26-2005. The diagnoses included lumbosacral radiculitis, lumbar spondylosis, post-laminectomy syndrome and displacement of lumbar intervertebral disc without myelopathy. On 10-23-2015 provider reported the injured worker showed no potential for abuse. There was more lower back pain on that visit rated 8 out of 10, at best was 4 out of 10 and at worst 9 out of 10. He reported the legs were doing "ok" however, the hips were burning at that time. On exam the lumbar spine revealed range of motion reduction with tenderness along with spasms. There was positive lumbar facet loading maneuver bilaterally. There was diminished sensation in the bilateral L5-S1 dermatomes of the lower extremities. The provider noted he was able to decrease pain at least 50% and walk, sit or stand Prior treatments included medication, ice, H-wave therapy and rest. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no detailed aberrant risk assessment. Utilization Review on 11-11-2015 determined non- certification for Hydrocodone 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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 this case, the injured worker has been prescribed Hydrocodone since at least June, 2015 and other opioids prior to that. There is a lack of objective evidence of functional improvement with prior use of this opioid. Additionally, there is no risk assessment profile or urine drug screens available for review. 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 Hydrocodone 10/325mg #90 is determined to not be medically necessary.