

Case Number:	CM14-0088207		
Date Assigned:	07/23/2014	Date of Injury:	10/05/2010
Decision Date:	11/13/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/12/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year old female with a widespread chronic pain syndrome. A work related injury is documented on 10/05/2010. The medical records indicate morbid obesity status post bariatric surgery, headaches, neck pain radiating to both upper extremities and low back pain radiating to both legs. Degenerative arthritis of both knees is documented. MRI scan of the lumbar spine on 12/15/2010 revealed 2 mm bulges at L4-5 and L5-S1 and mild degenerative changes without nerve root compression. She has multiple tender areas and has sleep difficulty. On 2/21/2014 she underwent bilateral radiofrequency facet rhizotomies at L4-5 and L5-S1 with minimal relief. EMG and nerve conduction studies were normal. The disputed issue pertains to a request for hydrocodone 10-325. The quantity or frequency of dosage is not specified in the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids Page(s): 51, 80, 81,82.

Decision rationale: The request as stated does not specify the frequency of dosing or the quantity requested and as such is not medically necessary. Hydrocodone is a semisynthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). Opioids for chronic back pain are efficacious for short term relief and long term efficacy is unclear (>16 weeks) but also appears limited. A recent epidemiologic study showed that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Tolerance develops over time and analgesia may not occur with open ended escalation of opioids. Analgesia may not be sustained over time and pain may be improved with weaning of opioids. Weaning was recommended per records submitted. The request for hydrocodone 10-325 mg without specification of dosage and quantity as stated is not medically necessary.