

Case Number:	CM13-0062558		
Date Assigned:	12/30/2013	Date of Injury:	03/12/2009
Decision Date:	08/26/2015	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 44 year old female who sustained an industrial injury on 03/12/2009. She reported injury from lifting a pallet situated in a stack approximately 2 feet above the floor. The injured worker was diagnosed as having: Lumbar strain; Facet syndrome; Lumbar disc herniation; Lumbosacral radiculopathy; Chronic pain. Treatment to date has included medications and MRI. Home exercise was encouraged. Currently, the injured worker complains of persistent low back pain she describes as sharp. Shooting and rates it as a 7 on a scale of 0-10 severity radiating into the left lower extremity. Her pain is worse with prolonged standing and walking. Spasms are noted in the lumbar paraspinal muscles and stiffness is noted in the lumbar spine. Her gait is stiff and antalgic on the left. Current medications are helping for pain and she is requesting refill of her medications. A request for authorization was made for HYDROCODONE 10/325 MG TABS #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 MG TABS #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Hydrocodone 10/325 mg tabs #90 are not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.