

Case Number:	CM14-0131595		
Date Assigned:	09/05/2014	Date of Injury:	03/11/2010
Decision Date:	06/11/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 44-year-old male, who sustained an industrial injury on 3/11/2010. The current diagnoses are lumbar disc displacement, disorder of coccyx, degenerative disc disease of the lumbar spine, post laminectomy syndrome of the lumbar region, and lumbar spinal stenosis. According to the progress report dated 7/29/2014, the injured worker complains of severe back and leg pain, which is burning. The pain was not rated. The physical examination of the lumbar spine reveals spasm and guarding, antalgic gait, and negative straight leg raise test. The current medications are Gabapentin, Hydrocodone/APAP, Naproxen, Pantoprazole, Prozac, and Morphine. Treatment to date has included medication management, X-rays, computed tomography scan, MRI studies, physical therapy, home exercise program, chiropractic, spinal cord stimulator, and surgical intervention. The plan of care includes prescription for Hydrocodone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lortab, Margesic-H, Maxidone, Norco, Stagesic, Vicodin, Xodol, Zydone, Generics Available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2010. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to hydrocodone/APAP to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of hydrocodone/APAP is not substantiated in the records. This request is not medically necessary.