

Case Number:	CM14-0154893		
Date Assigned:	09/24/2014	Date of Injury:	04/01/2005
Decision Date:	06/29/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/22/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 4/01/2005. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include status post failed lumbar fusion x 2 and failed electro spinal stimulator, radiculopathy, depression and anxiety. Currently, he complained of ongoing back and leg pain. Pain was rated 9/10 without medication and 5/10 with medication. There was report of new onset lower extremity edema. The medical records indicated a recent increase in pain without a specific incident. There was increased pain, decreased functional ability, and was noted to be under control with addition of MS 30, four tablets daily and Norco, four tablets daily. On 7/31/14, the physical examination documented decreased lumbar range of motion, straight leg raise test was positive on the left side. There was decreased sensation and toes were noted as cold in bilateral feet. The injured worker's affect was noted as abnormal and extremely anxious. The plan of care included Hydrocodone/APAP 10/325 mg tablets one tablet every four to six hours, #90.

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 Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone in combination with MS Contin in doses exceeding 120 mg of morphine equivalent daily. This exceeds the amount recommended by the guidelines. Therefore, the request is not medically necessary.