

Case Number:	CM14-0217158		
Date Assigned:	01/07/2015	Date of Injury:	04/11/2007
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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: California
 Certification(s)/Specialty: Internal 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 40 year old male, who sustained an industrial injury on April 11, 2007. He has reported a sharp pain in the back. The diagnoses have included bilateral knee pain, hypertension with left atrial enlargement, obesity, gastroesophageal reflux secondary to medications, and cholelithiasis. Treatment to date has included lumbar disc surgery in 2006, epidural injection, and medications. Currently, the injured worker complains of bilateral knee pain, and improved gastroesophageal reflux symptoms and hypertension with addition of Prilosec and HCTZ medications. A PR-2 Secondary Treating Physician's report dated November 5, 2014, noted no clubbing or cyanosis of the extremities, with tenderness and range of motion deferred to the appropriate specialists. Urine toxicology was performed during the visit. On December 19, 2014, Utilization Review modified the request for Hydrocodone 7.5/325mg every four hours #90, noting a discussion with the provider regarding the injured worker's tapering the medication from the prior dosage of 10/325 #180. The UR Physician determined that the request for Hydrocodone 7.5/325mg every four hours #90 was modified to taper to wean 10% reduction each month with initial target three months. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On December 29, 2014, the injured worker submitted an application for IMR for review of Hydrocodone 7.5/325mg every four hours #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325 MG Every 4 Hours #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Pages 74-96. Hydrocodone/Acetaminophen Pages 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. Medical records document a history of lumbar spine surgery, low back pain, lumbar disc disease, postlaminectomy syndrome, radicular complaints, and lumbar tenderness. Per MTUS, Hydrocodone / Acetaminophen is indicated for moderate to moderately severe pain. The request for Hydrocodone/APAP 7.5/325 mg #90 is supported by MTUS guidelines. Therefore, the request for Hydrocodone/APAP 7.5/325 mg #90 is medically necessary.