

Case Number:	CM14-0060860		
Date Assigned:	07/09/2014	Date of Injury:	10/05/2009
Decision Date:	05/27/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/01/2014

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 60 year old male, who sustained an industrial injury on 10/05/2009. Diagnoses include thoracolumbar sprain/strain, lumbar sprain/strain and lumbar degenerative joint disease. Treatment to date has included epidural steroid injection (8/21/2012), medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 3/31/2014 the injured worker reported constant pain in his back with stabbing like pain on the left side of his back that radiates in the left leg with a heavy, burning sensation. Physical examination revealed limited range of motion in the lower back. There was muscle rigidity upon palpation in the lumbar trunk with loss of lordotic curvature suggesting muscle spasm. Right-hand left straight leg raise are both 80 degrees causing left sided back pain that radiates in the left buttock and posterior thigh. The plan of care included medications and authorization was requested for Hydrocodone/Acetaminophen 5/325mg, Voltaren gel and Neurontin 300mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Hydrocodone/acetaminophen 5/325mg #60.: Upheld

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

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 (Vicodin) since at least 2012 and recent pain response to medication is declining (1-2 points) implying increased tolerance. The continued use of Norco is not medically necessary.