

Case Number:	CM15-0109242		
Date Assigned:	06/15/2015	Date of Injury:	11/05/2007
Decision Date:	07/17/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	06/05/2015

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, West Virginia,
Pennsylvania Certification(s)/Specialty: Emergency 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 63 year old male who sustained a work related injury November 5, 2007. According to a primary treating physician's progress report, dated April 2, 2015, the injured worker presented for a follow-up, with continued complaints of back pain, which intermittently radiates down the lower extremities, greater on the right side. He reports that Norco and Flexeril are helping and he needs refills. He also reports that driving a forklift at work and weather changes aggravates his condition. Physical examination revealed tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions. Back pain is noted on range of motion with negative facet maneuver. Hip range of motion is within normal limits bilaterally. Impression is documented as L4-L5 and L5-S1 disc protrusions or extrusions; multilevel degenerative disc disease with disc bulging and facet degeneration which has progressed since 2001; persistent back pain and occasional right lumbar radicular symptoms. Treatment plan included renewal of medication and return visit in one month. At issue, is the request for authorization 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 10-325 MG 25 Day Supply Qty 100: 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): 74-96.

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking hydrocodone/APAP without evidence of significant benefit in pain or function to support long-term use. In addition, there is no signed pain control contract. The request for Hydrocodone/APAP 10-325 mg #100 is not medically appropriate and necessary.