

Case Number:	CM15-0012535		
Date Assigned:	01/30/2015	Date of Injury:	09/05/2013
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: 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 50 year old male, who sustained an industrial injury on 9/5/13. The injured worker has complaints of low back pain radiating into his buttocks and legs and that the pain is constant, aching and occasional sharp stabbing pains that is worsened by even the slightest activity. The diagnoses have included lower back pain. Treatment to date has included physical therapy; Magnetic Resonance Imaging (MRI) of the lumbar spine 18/25/14 showed degenerative changes of the lumbar spine superimposed upon a congenitally narrowed spinal canal, these findings were most pronounced at L2-L3 as described in detail above; X-rays of the lumbar spine with flexion and extension views 6/11/14 which demonstrate moderate-to-severe degenerative changes at L3-4, otherwise alignment was normal, no instability. The claimant had been on Norco for pain for several months with pain scores consistent between 8-10. According to the utilization review performed on 12/31/14, the requested Refills: Hydrocodone/APAP 7.5/325mg. 11/21/2014 and 12/04/2014 has been non-certified. CA MTUS on short-acting opioids were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refills: Hydrocodone/APAP 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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 Norco for several months without significant improvement in pain or function. There was no indication of Tylenol or NSAID failure. The continued use of Hydrocodone is not medically necessary.