

Case Number:	CM15-0014510		
Date Assigned:	01/27/2015	Date of Injury:	04/12/2012
Decision Date:	03/18/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/26/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old female, who sustained an industrial injury on 04/12/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post right lumbar five to sacral one decompression, severe disc narrowing at lumbar five to sacral one, facet osteoarthropathy of the lower lumbar spine, bilateral neural encroachment at lumbar five to sacral one, and protrusion at lumbar four to five with right great foraminal stenosis. Treatment to date has included physical therapy, medication regimen, use of a transcutaneous electrical nerve stimulation unit, home exercise program, use of ice and heat, and above listed surgical procedure. In a progress note dated 12/22/2014 the injured worker reports low back pain with right greater than left lower extremity symptoms. The treating physician requested Hydrocodone noting that this medication decreased the injured worker's pain to a four on scale of ten and increased range of motion, exercises, and activities of daily living. On 01/14/2015 Utilization Review non-certified the requested treatment Hydrocodone 10/325mg (60 tablets), noting the California Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg (60 tabs): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 76-79 Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Hydrocodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Hydrocodone. Hydrocodone was used for long time without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Hydrocodone 10/325mg (60 tabs) is not medically necessary.