

Case Number:	CM15-0110905		
Date Assigned:	06/17/2015	Date of Injury:	04/17/2007
Decision Date:	07/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/08/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 an industrial injury on 4/17/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical disc degeneration, lumbar post-laminectomy syndrome and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/2/2015, the injured worker complains of back pain and neck pain with muscle aches. Physical examination showed cervical and lumbar paraspinal tenderness and pain with lumbar range of motion. The treating physician is requesting Hydrocodone 10 mg/Acetaminophen 325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10 mg - Acetaminophen 325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for hydrocodone/acetaminophen, California Pain Medical Treatment Guidelines state that hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that this medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no current discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone/acetaminophen is not medically necessary.