

Case Number:	CM15-0114357		
Date Assigned:	06/22/2015	Date of Injury:	01/12/2009
Decision Date:	07/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/13/2015

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, Tennessee

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 43 year old male, who sustained an industrial injury on 1/12/09. He reported pain in his lower back. The injured worker was diagnosed as having post lumbar laminectomy syndrome, sacral radiculopathy and depressive disorder. Treatment to date has included chiropractic treatment, a lumbar MRI on 2/23/09 showing a L5-S1 disc protrusion, an EMG on 4/24/09 showing L5-S1 radiculopathy, physical therapy and two spinal cord stimulators. Current medications include Abilify, Gabapentin, Lidoderm, Pristiq and Hydrocodone (since at least 1/12/15). As of the PR2 dated 4/30/15, the injured worker reports pain has been stable and the medications alone with the spinal cord stimulator allow him to do normal activities. On 5/6/15, the injured worker rated his pain a constant 6-9/10 in the lower back. The treating physician requested Hydrocodone 10/325mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Hydrocodone 10/325mg #100 DOS: 5-27-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Hydrocodone 10/325 is a compounded medication containing Hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than anti-depressants or anti-convulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving hydrocodone 10/325 since at least February 2015 since at least and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.