

Case Number:	CM15-0118283		
Date Assigned:	06/26/2015	Date of Injury:	08/17/2005
Decision Date:	07/27/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male who sustained an industrial injury on 08/17/2005. Diagnoses include lumbar disc disease without myelopathy, chronic pain syndrome, and long term use of medications. Treatment to date has included diagnostic studies, status post microdiscectomy at L5-S1 in 2010, physical therapy, massage therapy, home exercise program, and medications. On 01/10/2014 an Electromyography of the lower extremities was done and the unofficial report is L5 lumbar radiculopathy, S1 lumbosacral radiculopathy. His medications include Sertraline, Cyclobenzaprine, Gabapentin, Hydroxyzine, Ranitidine, Docusate Sodium, and Omeprazole. A physician progress note dated 05/20/2015 documents the injured worker presents with chronic low back and neck pain. He has started physical therapy for his neck and it has been beneficial. He is having some better range of motion at the neck and less muscle tension. He is also following up with a home exercise program. He has low back pain that radiates into his left lower extremity. He wishes to stay with conservative treatment. It was documented that the Norco was discontinued on 01/28/2015. Treatment requested is for Retro Hydrocodone 10/325mg #60 dates unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in August 2005 and continues to be treated for chronic neck and low back pain. When seen, he was having persistent pain. He was continuing to use a cane. There was an antalgic gait. Norco was being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.