

Case Number:	CM15-0125013		
Date Assigned:	07/10/2015	Date of Injury:	04/09/2004
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 48 year old male who sustained an industrial /work injury on 4/9/04. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbar strain, herniated nucleus pulposus, failed back surgery syndrome, depression, and GERD (gastroesophageal reflux disease). Treatment to date includes medication, diagnostics, surgery (L4-5 discectomy/fusion on 9/2006, surgery in 2007 due to pseudoarthrosis and extruded cage), exercise program. Currently, the injured worker complained of chronic low back pain and bilateral leg pain. Per the primary physician's report (PR-2) on 5/3/15, exam reveals sharp pain midline and paralumbars L3 sacrum with tightness, palpable spasms over the paramuscles, calves are toned, strength intact, but gait antalgic and posture is guarded, reflexes are 2+, and no give- way weakness. The requested treatments include Hydrocodone/APAP 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Hydrocodone/APAP 10/325 mg, thirty count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The MTUS supports clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal objective urine drug screens for review. The documentation reveals that the patient has been working full time as a welder but there is no evidence that there has been discussion of weaning and there is no evidence of functional increase on long term opioids. The documentation indicates that there have been prior recommendations for weaning. The request for continued Hydrocodone/APAP is not medically necessary.