

Case Number:	CM15-0171073		
Date Assigned:	09/11/2015	Date of Injury:	06/16/2014
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male, who sustained an industrial injury on June 16, 2014. The injury occurred while the injured worker was lifting a propane tank. The injured worker sustained a low back injury. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, lumbar radiculitis secondary to lumbar disc extrusion, anxiety and depression. The injured worker was temporarily totally disabled. Current documentation dated July 27, 2015 notes that the injured worker reported low back pain with bilateral leg pain. Examination of the lumbar spine revealed a limited range of motion and decreased sensation on the anterior aspect of the left thigh. Motor strength and deep tendon reflexes were normal. Pain levels were not noted in the medical records. Treatment and evaluation to date has included medications, radiological studies, MRI, urine drug screen, lumbar epidural steroid injections, physical therapy, psychological evaluations, cognitive behavior therapy and a bilateral lumbar microdiscectomy on 4-7-2015. Current medications include Anaprox, Gabapentin, Cyclobenzaprine, Omeprazole, Cymbalta and Hydrocodone (since at least April of 2015). The treating physician's plan of care included a request for Hydrocodone-Acetaminophen 10-325 mg # 120. The Utilization Review dated August 20, 2015 modified the request to Hydrocodone-Acetaminophen 10-325 mg # 80 (original request # 120) due to lack of documentation in the medical records of the injured workers physical and psychosocial functioning as a result of the opioid medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.