

Case Number:	CM15-0179321		
Date Assigned:	10/22/2015	Date of Injury:	01/12/2010
Decision Date:	12/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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

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 55 year old male, who sustained an industrial injury on January 10, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having right L4-L5 radiculopathy with right lower extremity weakness, lumbar disc protrusion, lumbar stenosis, bilateral knee internal derangement, bilateral severe knee degenerative joint disease, status post bilateral knee surgeries, chronic knee pain, chronic low back pain and chronic bilateral shoulder pain. Treatment to date has included diagnostic studies, surgery and medication. Hydrocodone medication was noted to provide 40% decrease in pain and 40% improvement of activities of daily living. On August 11, 2015, the injured worker complained of bilateral knee, bilateral low back and bilateral shoulder pain. His prior medication was noted to be Nabumetone. On the day of exam, his current medications were Gabapentin, Celebrex, Tizanidine, Hydrocodone, Atorvastatin and Hydrochlorothiazide. He was noted to be working full time with modified duty. On the day of exam, an in-office right shoulder cortisone injection was performed. The treatment plan included hydrocodone, Celebrex, activity modifications and a follow-up visit. On August 28, 2015, utilization review denied a request for Hydrocodone 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

NARC Hydrocodone 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic), Hydrocodone.

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

Decision rationale: The requested NARC Hydrocodone 10/325mg #120, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, page 86, note. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The injured worker was currently diagnosed as having right L4-L5 radiculopathy with right lower extremity weakness, lumbar disc protrusion, lumbar stenosis, bilateral knee internal derangement, bilateral severe knee degenerative joint disease, status post bilateral knee surgeries, chronic knee pain, chronic low back pain and chronic bilateral shoulder pain. Treatment to date has included diagnostic studies, surgery and medication. Hydrocodone medication was noted to provide 40% decrease in pain and 40% improvement of activities of daily living. On August 11, 2015, the injured worker complained of bilateral knee, bilateral low back and bilateral shoulder pain. The treating physician has documented sufficient functional improvement from this low opiate load narcotic. The criteria noted above having been met, NARC Hydrocodone 10/325mg #120 is medically necessary.