

Case Number:	CM15-0179950		
Date Assigned:	09/21/2015	Date of Injury:	06/18/2007
Decision Date:	10/26/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/14/2015

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(n) 59 year old male, who sustained an industrial injury on 6-18-07. The injured worker was diagnosed as having L5-S1 foraminal stenosis, L4-L5 canal stenosis, L4-L5 and L5-S1 facet osteoarthropathy and cervical myofascial pain. The physical exam (2-13-15 through 7-16-15) revealed 7-8 out of 10 pain in his low back and 6 out of 10 pain in his cervical spine. Treatment to date has included acupuncture x 24 sessions, physical therapy x 24 sessions, a lumbar epidural injection (date of service not noted) and NCS studies (date of service not noted). Current medications include Tizanidine, Lidoderm and Hydrocodone (since at least 4-15-15). As of the PR2 dated 8-13-15, the injured worker reports 8 out of 10 pain in his low back and 6 out of 10 pain in his cervical spine. Objective findings include lumbar flexion 40 degrees, extension 35 degrees, a positive straight leg raise test and limited cervical range of motion with pain. The treating physician requested Hydrocodone 7.5mg #90. The Utilization Review dated 9-10-15, modified the request for Hydrocodone 7.5mg #90 to Hydrocodone 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg at 3 times a day #90: 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, long-term assessment.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in June 2007 and is being treated for neck and radiating low back pain. In May, pain was rated at 6-8/10. Lidoderm and Hydrocodone were prescribed. When seen in August 2015, pain was still rated at 6-8/10. There was cervical and lumbar tenderness with decreased range of motion. There was decreased lower extremity strength and decreased lower extremity sensation with positive straight leg raising bilaterally. Hydrocodone was continued at the same dose. 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 currently providing decreased pain through documentation of VAS pain scores which are unchanged since it was started in May 2015 and there are no specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.