

Case Number:	CM15-0064844		
Date Assigned:	04/10/2015	Date of Injury:	03/16/2006
Decision Date:	05/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/06/2015

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: Preventive Medicine, Occupational 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:

This 67 year old sustained an industrial injury to the back and shoulder via repetitive trauma on 3/16/06. Previous treatment included magnetic resonance imaging, right shoulder surgery times two, little finger fusion/fusion anterior posterior, home exercise and medications. In a progress note dated 2/18/15, the injured worker reported a traumatic trip and fall on 12/7/14 resulting in a left femur fracture with subsequent emergency open reduction internal fixation. The injured worker complained of increased depression due to left leg injury and a recent death in the family. The injured worker also complained of pain to the low back rated 5-8/10 on the visual analog scale. Physical exam was remarkable for a wide based antalgic gait, with forward flexed body posture, lumbar spine with limited range of motion and abnormal reversal lumbar lordosis. Current diagnoses included lumbar post laminectomy syndrome, displacement of lumbar disc without myelopathy, traumatic arthropathy of shoulder and disorder of shoulder bursa. The treatment plan included medications (Norco and Venalaxine ER).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/300mg Qty120 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records do not indicate that the injured worker has benefited significantly with chronic opioid pain medication. She has been treated with Suboxone and still had unrelenting pain. This request for Hydrocodone was made to replace Suboxone, which was reportedly denied in a prior review. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. The request for Hydrocodone 7.5/300mg Qty120 with one refill is determined to not be medically necessary.