

Case Number:	CM15-0076866		
Date Assigned:	04/28/2015	Date of Injury:	03/09/2005
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 03/09/2005. The injured worker is currently diagnosed as having lumbosacral radiculopathy, degeneration of lumbar intervertebral disc, and lumbar post-laminectomy syndrome. Treatment and diagnostics to date has included home exercise program, physical therapy, computerized tomography of the lumbar spine, and medications. In a progress note dated 02/23/2015, the injured worker presented with complaints of low back pain. The treating physician reported requesting authorization for hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg 1 tablet every 4 hours as needed #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months. In December 2014, the claimant's pain increased when weaning was attempted. In January the claimant had tried Amytryptiline which provided 50% pain relief. Recently, the Amitryptline was noted to be a higher dose but reattempt at weaning Norco was not noted. Continued high dose of Hydrocodone is not medically necessary.