

Case Number:	CM15-0079840		
Date Assigned:	04/30/2015	Date of Injury:	03/29/2004
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 54 year old male, who sustained an industrial/work injury on 3/29/04. He reported initial complaints of neck and low back pain. The injured worker was diagnosed as having lumbar spinal stenosis without neurogenic claudication, opioid dependence, and cervicalgia. Treatment to date has included medication. Currently, the injured worker complains of low back pain and neck pain with occasional flare-ups. Pain is rated 6/10 with medication and 9/10 without medication. Per the primary physician's progress report (PR-2) on 4/6/15, examination revealed numbness with tingling in the left arm intermittently, numbness in the bilateral lower extremities, and sometimes to the feet. Takes 6 Norco daily to 'function'. Gait was antalgic. Current plan of care included continue medications. The requested treatments include Hydrocodone/acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Carisoprodal Page(s): 74-96, 29.

Decision rationale: As noted by the MTUS guidelines, opioids for chronic pain leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. The guidelines also state that opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. The guidelines also state that in order to continue opioids, there should be improvement in pain and function. In this case, despite the ongoing use of opioids, the injured worker remains with pain levels up to 6/10 and there is no indication of specific objective functional improvement. It should also be noted that the injured worker is also being prescribed Soma (Carisoprodol) which as a combination with hydrocodone, has an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail). The medical records do not establish that the injured worker has attempted non-opiate adjuvants in the treatment of his chronic pain. The request for Hydrocodone/acetaminophen is not supported. The request for Hydrocodone-acetaminophen 10/325mg #180 is not medically necessary and appropriate.