

Case Number:	CM15-0090066		
Date Assigned:	05/14/2015	Date of Injury:	02/01/2007
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 51 year old male, who sustained an industrial injury on 2/01/2007. He reported feeling a "pop" in the back with immediate pain while lifting. He is status post three lumbar surgeries. Diagnoses include lumbar degenerative disc disease, radiculopathy, erectile dysfunction and urinary incontinence. Treatments to date include activity modification, medication management, physical therapy, daily exercise, TENS unit, and epidural steroid injections. He also wears a lumbar support brace daily. Currently, he complained of increasing low back pain with radiation down right leg. The medical records indicated prior injections to hardware were effective on reducing pain significantly. There was documented of suggested a fourth lumbar surgery to remove the hardware. On 4/8/15, the physical examination documented no new acute findings. The plan of care included Hydrocodone 10/325mg, one tablet four times a day, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain with R leg radiation. This relates to a lifting injury at work on 02/01/2007. The patient has undergone 3 back operations from 11/2010 through 12/2013. The patient has some urinary and fecal incontinence. This review addresses a request for Norco 10/325 mg 1 TID. Norco contains hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically necessary.