

Case Number:	CM15-0093088		
Date Assigned:	05/19/2015	Date of Injury:	06/08/2007
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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: 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:

This is a 41-year-old male with a June 8, 2007 date of injury. A progress note dated December 2, 2014 documents subjective findings (anterolateral left thigh pain; bilateral calf burning), objective findings (decreased sensation in the anterolateral thigh on the left side; some pain to percussion and palpation of the upper thoracic and mid thoracic spine; questionable lumbar radicular symptoms in the left hand side comparable to complaints), and current diagnoses (probable lumbar radiculopathy; neck sprain/strain; drug dependence). Treatments to date have included medications. The medical record identifies that the injured worker has ongoing frequent narcotic usage. The treating physician requested authorization for a prescription for hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Hydrocodone 7.5/325mg (1 tablet 4 times a day for pain): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

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 an unknown length of time without probvision of failure of 1st line therapy. The use of Hydrocodone was not substantiated and therefore not medically necessary.