MAXIMUS Federal Services

Case Number:	CM13-0015040		
Date Assigned:	10/04/2013	Date of Injury:	03/02/2010
Decision Date:	02/28/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is described as a 39 year-old, 5'10", 240 lbs, male with a lumbosacral spine and left knee injury from a work-related motor vehicle accident on 3/2/10. He underwent left knee arthroscopy on 11/23/10 with significant improvement. He tried lumbar epidural steroid injection (ESI) for the lower back, but they did not provide benefit, and he underwent L5/S1 fusion on 9/25/12. The 6/14/13 orthopedic AME report from [redacted] states the pain is at 7/10 constant at the low back, and buttocks. The patient no longer had pain down the leg, but reports numbness and tingling at the left lateral thigh and lateral foot. There are monthly progress notes from the treating physician from 2/6/13 through 9/24/13. All of the progress notes document pain levels on a visual analog scale (VAS), along with efficacy and function being reported at least every other month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: The Chronic Pain Guidelines indicate that with long-term use of opioids, there should be documentation of pain and functional improvement, which should be compared to the baseline. The guidelines also indicate that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The physician reports pain levels following the L5/S1 surgical fusion on 9/25/12, ranging from six to eight (6-8) out of ten (10). The pain was managed with Norco, and the physician documents pain levels on each visit and function was assessed at least every other month and state the medication is well tolerated without side effects. The physician has met the guideline reporting requirements, and documents a satisfactory response. The request for Hydrocodone 10/325mg #180 appears to be in accordance with MTUS guidelines.