

Case Number:	CM13-0017304		
Date Assigned:	08/20/2014	Date of Injury:	08/20/2011
Decision Date:	09/18/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/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 claimant has a history of a work injury occurring on 08/20/11. She continues to be treated for back pain radiating into the left leg. She was seen by the requesting provider on 06/13/13. Pain was rated at 8/10. There was a pending psychological evaluation. She was having difficulty sleeping due to pain. Medications were Norco 10/325 mg 2-4 times per day and Terocin. Medications are referenced as decreasing pain and increasing activity level without side effects. Physical examination findings included decreased lumbar spine range of motion with decreased lower extremity strength bilaterally and decreased left lower extremity sensation. An MRI of the lumbar spine in May 2012 is referenced as showing findings of multilevel facet arthropathy with mild to moderate foraminal stenosis at L4-5 and L5-S1. There was a left lateralized disc herniation at L1-2. Diagnoses were lumbar radiculopathy and herniated discs. Lab testing was ordered. Authorization for left-sided epidural injections was requested and medications were refilled. On 07/11/13 pain was rated at 3-6/10. She had undergone a psychological evaluation. She was continuing to perform a home exercise program. Prior treatments had included two sessions of physical therapy, four acupuncture treatments, and 10 chiropractic treatments. Physical examination findings and care appear unchanged. She was not working and at permanent and stationary status.

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 Norco Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 79.

Decision rationale: The claimant has a history of a work-related injury occurring more than three years ago and continues to be treated for back pain radiating into the left leg. In this case, there is no evidence of progress towards a decreased reliance on medical care or any return to work plan and the claimant appears to be becoming more dependent in terms of medical care usage. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Hydrocodone 10/325 mg was not medically necessary.