

Case Number:	CM13-0020312		
Date Assigned:	10/11/2013	Date of Injury:	03/28/2012
Decision Date:	02/25/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/05/2013

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 & 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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to report dated 07/19/2013 by [REDACTED], patient presents with continued complaints of low back pain. Patient reports 50% improvement in his lower back and lower extremity pain since LESI (05/21/2013). Patient states pain is now 4/10 on VAS, prior to injections pain was 6/10. Patient describes pain that radiates into his left lower extremity "but it is more tolerable". Patient states medications are helpful in reducing his pain and improving his function. It is noted that patient takes Norco for pain, 1-2 per day as needed. Current medications include Hydrocodone, Naproxen and Pantoprazole-protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #30: Overturned

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

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

Decision rationale: This patient presents with chronic low back pain that radiates into lower extremities. Treater is requesting a refill of Hydrocodone/apap 10/325mg #30, 1-2 per day as needed for pain. Utilization review dated 08/05/2013, included a review for Naproxen even though the line item clearly states procedure/treatment for review is "Hydrocodone/APAP".

Therefore, it is unclear as to why this medication was denied. [REDACTED] has appealed the UR decision in his letter dated 09/09/2013, stating patient utilizes Norco for breakthrough pain and although he experienced some relief with LESI he continues to have chronic low back pain that radiates into his left leg. For chronic opiates use MTUS guidelines (MTUS pgs 88, 89) require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Progress reports dated 02/28/2013 to 08/16/2013, each document patient's percentage of pain relief or a VAS number. It is also noted in numerous reports that patient takes minimal Norco, 1 per day to manage his pain. Reports go on to document that medication "helps to reduce pain and allow for greater function" and "patient tolerates the medication well and without side effects". The requested Hydrocodone is medically necessary and recommendation is for approval.