

Case Number:	CM13-0043457		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2002
Decision Date:	02/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/24/2013

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 and is licensed to practice in Illinois. 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 a 73-year-old male who reported an injury on 07/11/2002. The mechanism of injury was reported that the patient stated he was walking in the dark while investigating a suspicious noise at his place of employment, when his left leg gave out, causing him to fall towards the ground. He was able to break his fall with his right hand. After he straightened out his body, he noted pain to his low back. The patient was diagnosed with lumbar spine musculoligamentous sprain/strain and left lower extremity radiculitis with multilevel spondylosis, facet arthropathy, ligamentum flavum hypertrophy, canal and neural foraminal stenosis from L3-S1, and a 2 to 3 mm disc bulge at L5-S1. The patient was also diagnosed with cervical spine, right shoulder, bilateral wrists/forearms, and internal medicine complaints. The clinical documentation stated an increase in radiating pain to the left leg/calf. The patient denied any numbness or tingling to the bilateral lower extremities. The patient denied any recent trauma or accident. The patient had slightly decreased range of motion, sensory to bilateral lower extremities, and motor strength of 5/5 to bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Norco (Hydrocodone/APAP 10/325mg) 1 PO Q8H PRN pain #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines, states, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The patient continued to complain of low back pain with some radiating pain to the lower extremities. The clinical documentation submitted for review does not show an increase in function or a decrease in pain for the patient. Given the lack of documentation to support guideline criteria, the request is non-certified.