

Case Number:	CM13-0051728		
Date Assigned:	12/27/2013	Date of Injury:	12/20/2011
Decision Date:	08/12/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 injured worker is a 32 year old male injured on 12/20/11 due to heavy lifting. Current diagnoses include status-post Microlumbar Discectomy L4-5 and L5-S1, lumbar radiculopathy, and chronic pain syndrome. Clinical note dated 10/08/13 indicates the injured worker presented complaining of ongoing low back pain and bilateral lower extremity, right greater than left. The injured worker reports associated numbness, and tingling in bilateral lower extremities into his feet. The injured worker reports current medication regimen did help decrease his pain, tingling and numbness in his lower extremities, and increased his level of function. Physical examination reveals slightly antalgic gait, tenderness to palpation to lumbar paraspinals, decreased lumbar range of motion in all planes, motor examination 5/5 in all muscle groups examined and decreased sensation noted at the right L4, L5, and S1 dermatomes. Documentation indicates urine drug screen performed on 09/25/12 was consistent with current medications. The most recent urine drug screen was repeated due to insufficient volume. Current medications include Gabapentin 600mg 1 three times a day and Norco 10-325mg 1 three times a day. The initial request for Hydrocodone 10-325 #120 with 1 refill was initially non-certified on 10/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120 with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Hydrocodone 10/325mg #120 with one refill is recommended as medically necessary at this time.