

Case Number:	CM13-0055199		
Date Assigned:	12/30/2013	Date of Injury:	03/07/2012
Decision Date:	05/02/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/20/2013

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 & 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 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 30-year-old male with a reported date of injury on 03/07/2012; the mechanism of injury was not provided in the medical records. The injured worker was diagnosed with lumbosacral root lesions, not elsewhere classified and thoracic or lumbosacral neuritis or radiculitis, unspecified. The injured worker was noted to have significant sciatic symptoms, particularly on the right side. The injured worker's motor examination, sensory examination, reflexes, and gait examination was noted to be normal. Examination of the lumbar spine was noted to have spasm diffusely. The provider indicated the injured worker was not any better clinically. The clinical documentation provided indicated the injured worker had been using the requested medication since 02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 5/325MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Lower Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to MTUS Chronic Pain Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the "4 As" for ongoing monitoring which includes analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The most recent clinical note provided indicated the injured worker was getting significant sciatica symptoms, particularly on the right side and not getting any better. It was also noted that the injured worker needed his medication authorized in a timely fashion. The documentation failed to provide evidence of increased function with the use of opioids and whether there had been reported adverse effects or aberrant drug-taking behaviors. In the absence of detailed documentation, as required by the MTUS Chronic Pain Guidelines, for the ongoing use of opioid medications, the request is not supported. Therefore, the request is not medically necessary and appropriate.