

Case Number:	CM13-0062655		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2005
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/09/2013

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, Pain Management and is licensed to practice in Florida. 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 patient is a 56-year-old male who reported an injury on 06/20/2005. The patient has had treatment for ongoing complaints of bilateral low back pain radiating into the left thigh. The patient has utilized lying down measures, TENS unit, medications, and ice for treating this chronic pain. Exacerbating factors have been noted as lifting, twisting, and bending. The patient was most recently seen on 12/12/2013 with unchanged conditions. The patient was noted to have been taking Hydrocodone 5/325 mg, Relafen 500 mg, Flexeril 10 mg, and Vicodin 5/500 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR HYDROCODONE 5/325MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: According to California MTUS guidelines, opioids for the treatment of chronic back pain appear to be efficacious, but limited for short-term pain relief and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. In the case of this patient,

he has been utilizing Hydrocodone for treatment of his low back pain; however, the documentation fails to provide objective measurements pertaining to the efficacy from the use of this medication. Without having documented objective findings of decreased pain and increased improvement in functionality, the continuation for the use of Norco cannot be established. The only reference to this medication providing pain relief came in an appeal to a previous denial of the patient's Hydrocodone 5/325 mg. The physician stated on the documentation dated 12/12/2013 that the Hydrocodone provides 70% improvement of the patient's pain with maintenance of his activities of daily living such as self-care and dressing. The patient is on an up-to-date pain contract and his previous UDS were consistent. However, throughout the documentation from 09/05/2013, 11/14/2013, and 12/12/2013, there are no objective findings indicating any significant change in the patient's pathology such as a decrease in pain or increase in functional ability prior to the appeal to the denial on the most recent documentation. Aside from the vital signs taken at each examination, the paragraph outlining the patient's condition at the time of each examination is relatively unchanged and looks as though as it was just copied and pasted without having any updated information pertaining to the patient's overall condition. Therefore, without having sufficient information pertaining to the efficacy from the use of the Norco, the requested service cannot be considered medically necessary and is non-certified.