

Case Number:	CM13-0064882		
Date Assigned:	01/03/2014	Date of Injury:	05/06/2013
Decision Date:	05/12/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/12/2013

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 and 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 injured worker is a 50-year-old female who reported an injury on 05/06/2013. The mechanism of injury occurred when the injured worker was loading a metal table into a dump truck and the injured worker slipped causing the injured worker to lose control of the table when she fell onto her right wrist and arm and also injured her lower back, shoulder, and groin. Review of the medical record reveals the injured worker's diagnoses are low back pain, L5-S1 spondylolisthesis and spondylosis, and L3-S1 degenerative disc disease most pronounced at L5-S1. The injured worker complains of low back pain and right posterolateral thigh pain. She states her low back pain radiates into the right posterolateral thigh. She rates the pain 8/10 on the pain scale. The injured worker has previously received a lumbar epidural steroid injection without any benefit of relief from symptoms. Pain or symptoms are exacerbated with any type of lumbar flexion, extension, lateral bending, or any type of activity. Physical examination of the lumbar spine revealed normal curvature of the thoracolumbar spine. Range of motion of the lumbar spine was decreased in all directions secondary to pain. Muscle strength was normal. There was diffuse lower lumbar paraspinous muscle tenderness noted. Straight leg raise was negative bilaterally. There was noted bilateral shoulder pain with range of motion and lower extremity examination was normal. Cranial nerves 2 through 12 were grossly intact, motor and sensory functions were intact, and deep tendon reflexes of the bilateral upper extremities and bilateral lower extremities were brisk and equal. There were no pathological reflexes noted and the injured worker's gait was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF PRESCRIPTION OF HYDROPHONE-ACETAMINOPHEN 325/10MG, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 REVISION, WEB EDITION; OFFICIAL DISABILITY GUIDELINES: WEB EDITION

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS Page(s): 89.

Decision rationale: The requested service is for a pharmacy purchase of prescription of hydrophone-acetaminophen 325/10 mg #180. Per California MTUS Guidelines it is stated that with the use of opioids for the treatment of chronic pain management, there should be ongoing review and documentation of pain relief, functional status, and appropriate medication and side effects of the medication that is being requested. There should also be documented pain assessments provided in the medical record that would have a satisfactory response which would be indicated by a patient's decrease in pain or increased functional capabilities with the use of the medication. There is no documentation in the medical record providing the requested information. As such, the medical necessity for continued use cannot be determined at this time and the request for hydrophone-acetaminophen 325/10 mg #180 is non-certified.