

Case Number:	CM13-0066599		
Date Assigned:	01/03/2014	Date of Injury:	03/09/2009
Decision Date:	05/23/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Family Practice 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 30-year-old male who reported an injury on 03/09/2009, after he moved a box weighing approximately 40 pounds that reportedly caused injury to his low back. The injured worker underwent multiple surgical interventions of the lumbar spine followed by epidural steroid injections, phototherapy, spinal cord stimulator implantation and multiple medications. The injured worker was evaluated on 10/21/2013. It was documented that the injured worker had 6/10 to 7/10 without medications and utilized medications on an as needed basis to provide functional benefit. It was documented that the injured worker did not report any adverse side effects as a result of the injured worker's medication usage. The injured worker's medications included hydrocodone/APAP 5/525 mg, naproxen sodium 550 mg, and pantoprazole 20 mg. The objective physical findings included observation of unassisted ambulation and no apparent cardiorespiratory distress. The injured worker's diagnoses included post laminectomy syndrome, sciatica, and sacral disorder. The injured worker's treatment plan included a referral to a pain management specialist and authorization of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE / BIT / APAP 5/325MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 31-32

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, ON-GOING MANAGEMENT, 78

Decision rationale: The Chronic Pain Guidelines recommend that the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has functional benefit and does not report any significant side effects related to medication usage. It is also noted that the injured worker has pain rated 6/10 to 7/10 without medications. However, there is no quantitative assessment of pain relief resulting from medication usage. Additionally, the clinical documentation fails to provide any evidence that the injured worker is engaged in an opioid contract and is regularly monitored for aberrant behavior. Therefore, the continued use of this medication would not be supported. Also, the request as it is submitted did not provide a frequency of treatment. Therefore, the appropriateness of this request cannot be determined. As such, the requested hydrocodone/Bit/APAP 5/325 mg #30 is not medically necessary or appropriate.