

Case Number:	CM14-0004060		
Date Assigned:	02/05/2014	Date of Injury:	03/31/2005
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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 Medicine and is licensed to practice in California and Nevada. 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 62 year old female injured on 03/31/05 while working as a care giver. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Current diagnoses included chronic pain, lumbago, and post-laminectomy syndrome of the lumbar spine. The injured underwent L4 to S1 posterior spinal fusion with instrumentation. The injured complained of residual aching, cramping pain across the low back rated at 7-8/10 with throbbing, numbness, and tingling sensation down the left posterior thigh and calf. The injured attempted multiple medications without success. Current medications include Neurontin, Trazodone, and Norco with benefit reported. Conservative measures included physical therapy, home exercise program, physical massage therapy, and Transcutaneous Electrical Nerve Stimulation (TENS) unit with some benefit. The patient reported chronic pain medication maintenance regimen, activity restriction, and rest continued to keep pain within manageable level to allow the patient to complete necessary activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10-325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioid's..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.20, Opioids, Criteria For Use Page(s): 77.

Decision rationale: As noted on page 77 of 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 no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of hydrocodone/apap 10-325MG #120 cannot be established at this time.