MAXIMUS Federal Services

Case Number:	CM14-0006627		
Date Assigned:	04/09/2014	Date of Injury:	04/06/2009
Decision Date:	05/29/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational Medicine, 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 male with a date of injury of 4/6/2009. Per primary treating physician's progress report, the injured worker complains of constant lower back pain rated at 6-7/10 that radiates to the buttocks and tail bone with occasional numbenss to bilateral legs. On exam there is antalgic gait with cane, tenderness to lumbosacral, positive straight leg raise, and good strength in legs. Diagnoses include; 1) discogenic disease, lumbar 2) lumbosacral neuritis 3) disorder of coccyx.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE HYDROCODONE/APAP 10/325MG #90 DOS: 1/8/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

Decision rationale: The injured worker is being treated chronically with opioid pain medications. There is no indication that these medications are effective as pain has been rated at 6-7/10 with no appreciable difference in function or a difference in physical exam. The MTUS Chronic Pain Guidelines do not recommend the use of opioid pain medications, in general, for

the management of chronic pain. Due to a lack of documented pain relief, the request for Hydrocodone/APAP 10/325 mg #90 is determined to not be medically necessary.

RETROSPECTIVE NAPROXEN SODIUM 550MG #90 DOS: 1/8/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The MTUS Chronic Pain Guidelines indicates the use of NSAIDs is recommended with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. According to the medical records provided for review, the injured worker has been treated chronically with NSAIDs and does not demonstrate a new injury or acute exacerbation of chronic pain. The request for Naproxen Sodium 550 mg #90 is determined to not be medically necessary and appropriate.