

Case Number:	CM14-0008955		
Date Assigned:	02/12/2014	Date of Injury:	04/15/2010
Decision Date:	07/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 56-year-old male with a 4/15/10 date of injury, to the low back and shoulders. According to the most recent note dated 12/5/13, the patient has bilateral shoulder pain as well as low back pain with reduced range of motion and spasms. Medications include Norco up to 6 to reduce pain intensity. The patient had constipation related to usage of medication. Low back pain was rated 4/10. Medications allow the patient to participate in normal activities. There was positive SLR; and positive facet loading bilaterally. Norco 1/325 #180 was provided. Norflex was recommended to reduce his usage of opiate medications. 1/2/14 Note indicated low back pain with buttock symptoms, and left greater than right shoulder complaints. Clinically, there was a normal gait; limited ROM with spasms; and positive facet provocation test. Sensation was intact, strength was full; and positive SLR on the left. There was positive facet loading bilaterally at L4-5 and L5-S1. UDS from 3/11/13 is positive for Norco, which is consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 #180 (DISPENSED ON 12/05/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2. Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Therapy for Chronic

Painâ€”Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D.â€”N Engl J Med 2003;
349:1943-1953November 13, 2003DOI: 10.1056/NEJMra025411.

Decision rationale: Medical necessity Hydrocodone is not established. This medication obtained an adverse determination, as the functional benefit was questioned. Even with 6 pills of Norco, there was little documented to indication functional benefit. No additional medical records were provided. CA MTUS requires documentation of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. This was not demonstrated. There is no documentation of appropriate monitoring. There is no pain contract. Chronic opiates are not recommended by the applicable guidelines. Recommend non-certification.