

Case Number:	CM14-0013152		
Date Assigned:	02/24/2014	Date of Injury:	08/22/2011
Decision Date:	07/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 28-year-old female, who is reported to have a dated of injury of 08/22/11. The injured worker is reported to have developed neck, low back, bilateral hip, and right leg pain as the result of cumulative trauma associated with moving heavy boxes of crab and shrimp. The records reflect the injured worker has been treated with oral medications, therapy, and injections without benefit. The records indicate there are subjective complaints of upper extremity numbness and tingling, which were not validated by an electromyography/nerve conduction velocity (EMG/NCV) study performed on 07/02/12. An MRI of the lumbar spine dated 09/21/11 shows mild multilevel degenerative changes without impingement of the central canal or exiting nerve roots. A repeat study performed on 07/02/12 did not show any substantive changes. Per physical examination dated 11/25/13, there is a positive right straight leg raise and decreased right achilles reflex. The remainder of the examination is reported as normal. A previous request is for Hydrocodone/APAP 7.5 mg/325 mg # 30 was non-certified under utilization review on 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 7.5/325MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker has chronic complaints of back pain radiating into the right lower extremity, which has largely been treated with oral medications. The records fail to adequately detail the injured worker's response to this medication. There are no documented visual analog scale (VAS) scores or data indicating functional improvements. There is no indication that the injured worker undergoes urine drug screens to establish compliance. Based on the data provided, the injured worker does not meet the guideline criteria for the continuation of this medication. The request is not supported as medically necessary.