

Case Number:	CM14-0014235		
Date Assigned:	02/26/2014	Date of Injury:	11/25/2008
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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 reported a date of injury of 11/25/2008. Per visit note dated 1/22/2014, the injured worker continues to have episodes of left body numbness. He continues to report low back pain radiating into the left lower extremity to the plantar aspect of the foot. He has numbness in his left foot as well. He is awaiting authorization for osteopathic manipulation and massage therapy. He reports that massage therapy in the past reduced his pain by 90% for 2 months. He notes that medications significantly help to reduce his pain and improve his function. He reports 80% relief in his pain with the use of Norco. He also notes that after taking Norco he is able to exercise with less pain and he has improvements in sitting, standing and walking tolerance. He notes that he is also able to cook, clean and do laundry with less pain. Exam is normal with focus on higher function testing revealing that he is alert and oriented, does not appear drowsy, lethargic, confused, delusional or delirious.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids, Criteria F.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids section, Weaning of Medications section,.

Decision rationale: The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for hydrocodone/acetaminophen 10/325 mg #60 is not medically necessary.