

Case Number:	CM14-0014285		
Date Assigned:	02/26/2014	Date of Injury:	04/19/2012
Decision Date:	10/01/2014	UR Denial Date:	01/24/2014
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 Geriatrics and is licensed to practice in New York. 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 50 year old man with a date of injury of 4/19/12. He was seen by his provider on 1/4/14 with complaints of lower back pain and inability to lift. His radicular pain was improved and he was status post laminectomy/discectomy L5-S1 in 11/13. His medications included Norco, Temazepam and Carisoprodol. His physical exam showed persistent paravertebral tenderness and spasm on both sides with a well healed incision. His deep tendon reflexes were 2/4 bilaterally. Distal capillary refill and fine motor were intact. His diagnosis was bulge of lumbar disc without myelopathy and low back pain. His medications were refilled and at issue in this review is the refill of Hydrocodone. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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

Decision rationale: This 50 year old injured worker has chronic back pain with an injury sustained in 2012. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The visit of 1/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The Hydrocodone is not medically necessary.