

Case Number:	CM14-0110835		
Date Assigned:	09/16/2014	Date of Injury:	05/19/2006
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 38 year old patient had a date of injury on 5/19/2006. The mechanism of injury was not noted. In a progress noted dated 5/20/2014, the patient complains of numbness, stabbing pain, aching pain, and burning pain. The pain is a 6/10, and the symptoms are generally the same. On a physical exam dated 5/20/2014, Range of motion of lumbar spine is decreased in all planes and limited by pain. Gait is antalgic and the patient uses a cane. There is decreased sensation of L4, L5, and S1 dermatomes on left. The diagnostic impression shows degenerative disc disease and facet arthropathy with retrolisthesis L4-L5, lumbar radiculitis, chronic pain syndrome. Treatment to date: medication therapy, behavioral modification A UR decision dated denied 6/26/2014 the request for Norco 10/325 #60, modifying it to #15 from 5/20/2014 and 8/25/2014, stating that weaning is indicated as there are no overall improvements in pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On a progress note dated 5/20/2014, the patient claims that the symptoms are generally the same. Furthermore, the objective signs have gotten worse, as the lumbar spine is decreased on all planes, limited by pain. Lastly, there was no evidence of urine drug screens provided for review. Therefore, the request for Norco 10/325 #60 was not medically necessary.