

Case Number:	CM14-0112028		
Date Assigned:	08/04/2014	Date of Injury:	05/22/2008
Decision Date:	10/14/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/18/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 69-year-old gentleman was reportedly injured on May 22, 2008. The most recent progress note, dated March 17, 2014, indicates that there are ongoing complaints of low back pain and right leg pain. There were complaints of difficulty with ambulation. Norco has been used approximately 4 times per day for flare-ups of pain. The physical examination demonstrated an antalgic gait and having to swing the right foot. There was tenderness along the lumbar spine paraspinal muscles on the right greater than left side and decreased lumbar spine range of motion. A lower extremity neurological examination indicated decreased sensation at the left L4, L5, and S1 dermatomes. Left-sided EHL strength is 1/5. There was a positive left and right sided straight leg raise test at 30. Diagnostic nerve conduction studies revealed a left-sided L4, L5, and S1 radiculopathy. Previous treatment includes an AFO for the left foot. A request had been made for hydrocodone/APAP 10/325 and was not certified in the pre-authorization process on July 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for continuation of opioid therapy, and on the CA MTUS, A.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Hydrocodone/acetaminophen is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for hydrocodone/acetaminophen is not considered medically necessary.