

Case Number:	CM14-0120356		
Date Assigned:	08/06/2014	Date of Injury:	12/27/2007
Decision Date:	09/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/30/2014

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, has a subspecialty in Pain 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 is a 33-year-old female who reported an injury on 12/27/2007 while lifting a mattress. The current diagnoses include chronic pain syndrome, morbid obesity, and ongoing right foot complaints. The injured worker was evaluated on 03/19/2014 with complaints of 5/10 ongoing lower back pain. The current medication regimen includes Norco, Norflex, and ketoprofen. Physical examination revealed a mildly antalgic gait, tenderness to palpation of the lumbar spine, limited lumbar range of motion, and diminished sensation in the right L4 through S1 dermatomes. Treatment recommendations at that time included continuation of the current medication regimen, a home health assistant, and physical therapy twice per week for 6 weeks. A Request for Authorization form was then submitted on 03/19/2014 for Orphenadrine Citrate 100 mg, Omeprazole 20 mg, Amitriptyline 10 mg, Ketoprofen 75 mg, And Hydrocodone 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 01/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary and appropriate.