MAXIMUS Federal Services

Case Number:	CM14-0120361		
Date Assigned:	08/06/2014	Date of Injury:	10/17/2008
Decision Date:	09/23/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/31/2014

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 Pain Medicine and is licensed to practice in Texas. 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 53-year-old male who reported an injury 10/17/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 07/17/2014 indicated diagnoses of radiculopathy, lumbar facet arthropathy/status post lumbar spine surgery in 2010, whole body pain, chronic pain syndrome, and NSAID induced gastritis. The injured worker reported neck upper and lower back pain, and bilateral lower extremity pain. The injured worker reported his overall condition had remained the same since his last visit. The injured worker reported he currently utilized a single point cane for support and ambulation. The injured worker reported he continued to wait for authorization for a bilateral epidural steroid injection at L4-5. The injured worker reported he had completed 24 sessions of acupuncture therapy with temporary pain relief, and had completed 10 sessions of chiropractic therapy with some benefit. He continued complaints of aching, throbbing and numbness to the neck with radiation of numbness to bilateral lower extremities, extending to no lower than the shoulders. The injured worker current rated his neck pain as an 8/10. The injured worker reported his pain as aching, stabbing pins and needles to the mid and lower back with radiation of numbness, tingling and aching to the bilateral lower extremities, extending down to the toes. The injured worker rated his back pain at 8/10 and reported he suffered from exacerbated pain with prolonged walking. He also reported he continued to suffer from severe, constant, stabbing headaches. The injured worker reported he took Norco 3 times a day, gabapentin 3 times a day, Prilosec twice a day, Docuprene twice a day and Flexeril twice a day. The injured worker reported the medications helped to reduce his pain and improve his daily function. He currently denied any side effects from his medication, and reported he utilized ketoprofen cream, which helped to reduce his pain and oral medication intake. Upon physical examination the injured worker's gait was antalgic and he utilized his cane. There was tenderness to palpation to the lumbar paraspinals with

spasms noted. Range of motion to the lumbar spine was decreased in all planes. The injured worker had a urine drug screen dated 03/25/2014, which was consistent with prescribed medications. The injured worker had CURES on 11/20/2013 which was consistent. The injured worker's treatment plan included home exercise program, authorization for ketoprofen, Docuprene, omeprazole, gabapentin, hydrocodone/APAP, and medication panel blood test. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco, Flexeril, Prilosec, ketoprofen and gabapentin. The provider submitted a request for hydrocodone. A Request for Authorization dated 07/17/2014 was submitted for review for the above medications. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone, one month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Hydrocodone, one month supply is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The request is for hydrocodone. However, the clinical note and the Request for Authorization is for hydrocodone/APAP. Clarification is warranted. In addition, since the injured worker is already utilizing Norco, it is not indicated why the injured worker would need hydrocodone. Moreover, the request does not indicate a frequency or dosage. Therefore, the request for hydrocodone is not medically necessary.