MAXIMUS Federal Services

Case Number:	CM14-0120698		
Date Assigned:	08/06/2014	Date of Injury:	12/27/2007
Decision Date:	09/30/2014	UR Denial Date:	07/17/2014
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 Emergency 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:

Patient with reported date of injury on 12/27/2007. Mechanism of injury is reportedly from a fall from a ladder. Patient has a diagnosis of lumbar disc disease with radiculopathy.Medical reports reviewed. Patient has not been seen by treating provider since 10/4/12 until exacerbation of pain. Progress note report on visit was dated 6/12/14. Patient complains of low back pain with numbness to L leg. Objective exam revealed reveals decreased range of motion to back with myofascial trigger points. Decreased sensation to lateral and posterior aspect of L thigh. Difficulty with heel-toe walking.MRI of lumbar spine(6/8/10) reveals 2mm disc protrusion at L1-2 and L2-3, 3mm at L3-4, 4mm at L4-5 with hypertrophic facet changes in all levels. Lateral recess stenosis at L4-5 and L5-S1.EMG/NCV(1/7/10) revealed L S1 radiculopathy.No current medication list were provided for review.Independent Medical Review is for Naproxen 550mg #120 and Hydrocodone/Acetaminophen 2.5/325mg #120.Prior UR on 7/17/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, 120 tablets.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. It may be affective for other pains and is considered a 2nd line medication after tylenol. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Prescription for Naproxen is medically necessary.

Hydrocodone/acetaminophen 2.5/325mg, 120 tablets.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Hydrocodone is an opioid. This prescription is for an acute exacerbation of pain. As per MTUS Chronic Pain guidelines, criteria must be met before initiation of opioids. Guidelines recommend documentation of a plan for management, starting at a low dose and appropriate assessment for abuse potential. All of these criteria was met by the provider. The number of tablets should last the patient up to 1month for next followup. Prescription for Hydrocodone/acetaminophen for acute exacerbation of pain is medically necessary.