

Case Number:	CM14-0124828		
Date Assigned:	09/25/2014	Date of Injury:	12/21/2012
Decision Date:	11/03/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 underlying date of injury in this case is 12/21/2012. The date of the initial Utilization Review under appeal is 7/8/2014. On 6/11/2014, the patient was seen in primary treating physician followup regarding ongoing low back pain. The patient reported pain to his back at the time of the initial injury and that he received only temporary relief from rhizotomy treatment. The patient was taking Norflex and Norco and using terocin patches. the patient reported that these helped with his pain and normalization of function. The treating physician recommended renewing medications including hydrocodone/APAP, Terocin, and Orphenadrine and ketoprofen and recommended repeat rhizotomy procedure and recommended acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

#120 Hydrocodone/apap 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses the

four A's of opioid management. The medical records in this case contain very limited specific details regarding functional improvement or indications, or other benefit of opioid treatment. Overall the records do not support an indication for continued opioid treatment. This request is not medically necessary.