

Case Number:	CM14-0127304		
Date Assigned:	08/15/2014	Date of Injury:	11/05/2012
Decision Date:	09/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational 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:

This is a 33 year-old male patient with 11/5/2014 date of injury. The mechanism of injury was not described. On a 2/26/2014 exam the patients complaints were low back pain constantly, pain intermittently radiating into the left lower extremity or the left buttocks along the posterior type fights the posterior mid-calg. There was occasional tingling in the same regions. There was no numbness. Motor strength was 5/5 in the bilateral lower extremities; sensory examination on the left was decreased at L4 and S1. Reflexes were intact. The diagnostic impression is low back pain with non-verifiable radicular complaints, bilateral spondylolysis at L5 with Grade 1 spondylolisthesis at L5-S1, and an adverse reaction to cortisone injection. Treatment to date: diagnostics, acupuncture, MBB (Medial Branch Block) to bilateral L5-S1, chiropractic therapy, physical therapy, and medication management. A UR decision dated 7/11/2014 denied the request for Hydrocodone/APAP 5/325mg #90. The rationale for denial was that in the reports the patients pain levels never changed from the use of the opiate. CA MTUS guidelines state there must be improved function with chronic opiate use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no evidence in the documentation of an opiate contract, random urine drug screens, cures monitoring, or any ongoing review showing improvement in the level of pain or improvement in functionality. The patient has been on Hydrocodone/APAP since at least 2012. The initial dose was Hydrocodone/APAP 10/325mg which was lowered to Hydrocodone/APAP 5/325mg. The patient cannot stop the medication abruptly without withdrawal symptoms. Therefore, the request for Hydrocodone/APAP 5/325mg #90 is not medically necessary.