

Case Number:	CM14-0151093		
Date Assigned:	09/19/2014	Date of Injury:	08/09/2013
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 53 year old male who was injured on 8/9/2013. The diagnosis is low back pain. The 2013 MRI of the lumbar spine showed multilevel degenerative disc disease, neural foraminal narrowing and contact with nerve roots. The EMG/NCS showed chronic L5 nerve root irritation. In 2013 the patient completed lumbar facet injections and trigger points injections. On 8/4/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities. There was associated numbness, tingling and muscle weakness of the lower extremities. The pain level is 3/10 with medication and 10/10 without medication on a scale of 0 to 10. The medications are Aleve and Vicodin for pain. There is a history of trace alcohol detected on UDS (urine drug screen) test. A Utilization Review determination was rendered on 8/20/2014 recommending con certification for hydrocodone/APAP 5/325mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5-325mg QD #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; Opioids, criteria for use; When to Discontinue Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of chronic musculoskeletal pain when treatment with NSAIDs and PT has failed. Opioids can also be utilized for maintenance treatment when non opioids medication options, interventional pain procedures and surgical options have been exhausted. The records indicate that the patient have exhausted all non-opioid treatments options. There are documentations of compliance and functional restoration. The one incidence of trace UDS alcohol was resolved. The criteria for the use of hydrocodone/APAP 5/325mg #15 were met and therefore, the request is medically necessary.