

Case Number:	CM14-0159319		
Date Assigned:	10/03/2014	Date of Injury:	04/02/2013
Decision Date:	11/06/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

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 & 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 injured worker is a male of undetermined age who reported an injury of unspecified mechanism on 04/02/2013. On 09/04/2014, his diagnoses included status post bilateral L5-S1 laminotomy and discectomy on 12/12/2013. His complaints included severe bilateral leg pain with muscle spasms and weakness from the buttocks down both legs. He reported his constant pain at 7/10 to 8/10, despite his medications. His lumbar range of motion was markedly restricted with pain in all planes. It was noted that he had been using Norco for almost a year prior to his original surgery. The treatment plan included a recommendation for a pain management specialist. He had been taking 6 tablets of Norco per day for the past 11 months, yet his pain level remained at 7 to 8/10. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/APAP 2.5/325mg #60 provided on 8/1/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine and Opioids Page(s): 41-42 and 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for retrospective hydrocodone/APAP 2.5/325mg #60 provided on 8/1/13 is not medically necessary.