

Case Number:	CM14-0171809		
Date Assigned:	10/23/2014	Date of Injury:	04/09/1999
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 64 year old male who was injured at work on 04/09/1999. The injured worker is reported to be complaining of low back pain despite use of Hydrocodone/Acetaminophen. The physical examination revealed tenderness of the paraspinal muscles over the facet joints, trigger points over the lower paraspinal muscles; limited range of motion of the bilateral knees, and crepitus within the bilateral knees. The worker has been diagnosed of Lumbar spondylosis, lumbar facet syndrome, and long term use of other medications. Treatments have included Lumbar Rhizotomy, Hydrocodone/ Acetaminophen. At dispute are the requests for Hydrocodone/Acetaminophen 5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: The injured worker sustained a work related injury on 04/09/1999. The medical records provided indicate the diagnosis Lumbar spondylosis, lumbar facet syndrome,

and long term use of other medications. Treatments have included Lumbar Rhizotomy, Hydrocodone/ Acetaminophen. The medical records provided for review do not indicate a medical necessity for Hydrocodone/Acetaminophen 5/325mg #90. Although the MTUS does not recommend the use of opioids beyond 16 weeks or 70 days, the available records from the treating physician indicate the injured worker has been using this as far back as 02/2014, although the utilization reports reported the injured worker has been on the medication since 1999. Additionally, the documents reviewed did not provide information related to the guidelines recommendation for on-going Management. The requested treatment is not medically necessary.

Hydrocodone/Acetaminophen 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: The injured worker sustained a work related injury on 04/09/1999. The medical records provided indicate the diagnosis Lumbar spondylosis, lumbar facet syndrome, and long term use of other medications. Treatments have included Lumbar Rhizotomy, Hydrocodone/ Acetaminophen. The medical records provided for review do not indicate a medical necessity for Hydrocodone/Acetaminophen 5/325mg #90. Although the MTUS does not recommend the use of opioids beyond 16 weeks or 70 days, the available records from the treating physician indicate the injured worker has been using this as far back as 02/2014, although the utilization reports reported the injured worker has been on the medication since 1999. Additionally, the documents reviewed did not provide information related to the guidelines recommendation for on-going Management. The requested treatment is not medically necessary.