

Case Number:	CM14-0175215		
Date Assigned:	10/28/2014	Date of Injury:	02/05/2010
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopedic Surgery 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 58-year-old male with a 2/5/10 date of injury. The mechanism of injury occurred when he tried to get out of his car but developed such severe back pain he could barely get out. According to a progress report dated 9/8/14, the patient reported that his pain level was a 9 with no pain medications and decreased to a 7 with taking hydrocodone. He complained of constant low back pain that radiated up and down the right leg, he also indicated there is numbness in his foot. Objective findings: diminished sensation of medial and lateral thigh, leg, and foot. Diagnostic impression: disc protrusions L1-2, L3-4, L4-5, and L5-S1; status post laminectomy and discectomy, L4-5 and L5-S1, deep vein thrombosis. Treatment to date: medication management, activity modification, surgeries. A UR decision dated 9/29/14 modified the request for Hydrocodone/APAP 10/325mg #30 with 3 refills to #30 with zero refills. A specific request for modification was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg, thirty count with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition, Pain Chapter,

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. However, in the present case, there is no documentation of functional gains or improvement in activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 2010 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Hydrocodone/APAP 10/325 mg, thirty count with three refills was not medically necessary.