

Case Number:	CM14-0175786		
Date Assigned:	10/28/2014	Date of Injury:	11/05/2012
Decision Date:	12/05/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal 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:

The injured worker (IW) is a 33-year-old man with a date of injury of November 5, 2012. The mechanism of injury was not documented in the medical record. The IW has had 16 sessions of acupuncture, 24 sessions of chiropractic care, and a left SI joint injection. This caused him to have heart palpitations. He is unable to undergo steroid injections. Pursuant to the progress report dated July 28, 2014, the IW complains on ongoing pain ranging between 4-8/10 in the left hip and lumbar spine region with radiating pain down the left leg. Physical examination reveals there is a mildly positive FABER test. There is positive tenderness over the trochanteric bursa. There is hip flexion of 0-130 degrees, extension 0-30 degrees, internal rotation 0-30 degrees, external rotation 0-45 degrees, adduction 0-30 degrees, abduction 0-45 degrees. There is no instability of the left hip. There is no sign of infection. The lumbar spine is tender to palpation in the midline and positive paraspinal muscle spasm. Gait is mildly antalgic. The IW has been diagnosed with Grade 1 spondylolisthesis at L5-S1 with bilateral pars defect, Lumbar herniation at L4-L5 with left-sided neural foraminal narrowing, lumbar radiculopathy, left hip trochanteric bursitis, and mild left sided SI joint dysfunction. Medications include: Norco 10/325mg, LidoPro cream, and Zantac 300mg. Treatment plan includes continued orthopedic follow-ups, and medication management. The IW is not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, Hydrocodone 10/325 mg #90 is not medically necessary. The guidelines indicate ongoing management documentation needs to be reflected in ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; intensity of pain after taking the opiate; average pain; how long it takes for pain relief; and how long pain really lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function, or improve quality of life. The discontinuation of opiates is a consideration with treatment failure in appropriate dosing, if there is no overall improvement in function absent compelling clinical facts, and, of course, evidence of illegal activity including the diversion. In this case, the injured worker is a 33-year-old with a date of injury November 5, 2012. The record shows this medication has been previously weaned due to lack of functional improvement. The claimant is not working. Consequently, due to the absence of functional improvement and previous weaning, hydrocodone 10/325 mg #90 is not medically necessary. Based on the clinical information in the medical record and the peer reviewed evidence based guidelines, the Hydrocodone 10/325mg #90 is not medical necessary.