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| Case Number: | CM14-0183308 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 06/03/2013 |
| Decision Date: | 12/26/2014 | UR Denial Date: | 10/04/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 and 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 underlying date of injury in this case is 06/03/2013. The date of a prior physician review under appeal is 10/04/2014. The patient's diagnosis is chronic low back pain with a history of a fusion at L4-5 and L5-S1 in 2010. On 09/03/2014, the patient was seen in initial neurosurgery consultation, and the treating physician submitted a request for authorization for treatment as well. The consulting neurosurgeon felt the patient had a failed lumbar back surgery syndrome with reported worsening of symptoms, although satisfactory radiographic appearance of the patient's spine. The consulting neurosurgeon recommended continuation of Hydrocodone and Gabapentin and recommended switching Soma to Flexeril and recommended a psychological evaluation for chronic pain. The treatment requests included psychological evaluation, Hydrocodone 10/325 mg 1-2 every 6 hours #100, Gabapentin, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (10/325mg, 1-2 tablets every 6 hours, orally, as needed, #100): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids/Ongoing Management Page(s): 80.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, specifically discuss opioids for chronic pain on page 80. These guidelines state that there is limited or unclear evidence of the effectiveness of opioids for chronic back pain. Moreover, the medical records contain very limited discussion of the four A's of opioid management, nor do they discuss an alternate rationale or functional benefit or clinical indication for opioid treatment. Therefore this treatment is not medically necessary.